

Register only information present in the medical record at time of or after first consultation with the diagnosis of GCA.
 Insert numerical value or mark the correct alternative answer. If doubt – mark with asterix and supply further details on page 2.

Patient identifier (PID): _____ Year of birth: _____ Sex (M/F): _____ Record review by (initials/date): _____

Time of first registration with ICD-code for GCA: _____ Diagnosed by (unit/type of specialist): _____
 Year of diagnosis: _____ Year of symptom debut: _____

ACR-criteria 1990

Criteria		No = 0	Yes = 1	Unsure = 2	Information unavailable = 9
i	Age \geq 50 years at disease onset				
ii	New onset localized headache				
iii NB	Tenderness or ...				
iii NB	... decreased pulsation in temporal artery				
iv	ESR \geq 50 mm/hour				
v	Arteritis on temporal artery biopsy				
-	Giant cells in biopsy				

Are the ACR-criteria for GCA fulfilled (\geq 3)	Unsure:	No:	Yes:	End registration if answer is "No" and "No"
Is GCA a probable diagnosis in your opinion?	Unsure:	No:	Yes:	

Laboratory results at time of diagnosis (numerical value/unit):

	CRP	ESR	Hemoglobin	WCC	Neutrofiles	Eosinofils	Platelets	Creatinin	ALAT
Test result at time of diagnosis (before treatment with steroid)									

	Rheumatoid factor	ACPA	ANA	Which ANA-subgroup?	ANCA	Which ANCA sub-group?	Other relevant
Test result at time of diagnosis (before treatment with steroid)							

Clinical features at time of diagnosis:

	N = 0	Y = 1	U = 2	I.U. = 9	Comments/further details:
Jaw claudication					
Visual disturbance (related to arteritis)					Subjective: ___ Objective: ___
Scalp necrosis					
Clinically suspect arteritis outside head/neck					
Hypertension					
Previous cardiovascular disease					Cerebral: ___ Coronary: ___ Peripheral: ___
Polymyalgia rheumatica					
Peripheral arthritis					
Other relevant:					Diabetes?: ___ Smoking?: ___

Treatment:

Steroid-treatment at time of diagnosis (name, route of administration and initial dose of chosen steroid): _____

Maximum steroid-dose before tapering-regimen (name, route of administration and dose): _____

Temporally related	N = 0	Y = 1	U = 2	I.U. = 9	Comments/which specific medication:
Bone-protective treatment following diagnosis?					Calcium/Vitamin D: ___ Bisphosphonate: ___ PTH-analogue: ___ Other: _____
DMARD-treatment following diagnosis?					
Anti-platelet-treatment following diagnosis?					

Outcomes:

	Year – if applicable	N = 0	Y = 1	U = 2	I.U. = 9	Comments/further details:
Vascular/large artery complication?						Thoracic AA: ___ Abdominal AA: ___ Dissection: ___ Other: _____
Death						Cause of death? Sudden death?
Femoral fracture						Low-energy?
Cardiovascular disease – diagnosed after diagnosis of GCA						Cerebral: ___ Coronary: ___ Peripheral: ___ Aortic valve disease: _____

Source of recorded information: (mark one or several sources)

Computerized hospital records, Haukeland/Voss

Computerized hospital records, Haraldsplass

Paper files/Central archive

If paper files, from which department(s)? _____

Other relevant information and comments/further details to information on previous page: