

**PULMONARY AIDS CLINICAL STUDY**  
**FORM P - MISSED PROCEDURES FORM**

*This form should be completed only when procedures that should have been performed at any given visit have not been completed.*

*Note: This form should not be completed for a skin test in which antigen was administered but the test was not read.*

*Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.*

1. ***Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.*
  
2. ***Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.*
  
3. ***Current Date:** Enter the day, month, and year the form is completed. The date must be recorded as a complete date.*
  
4. ***Missed Procedure:** Record the appropriate number for the Form/Procedure that was not done. This form may be used for multiple missed procedures as long as the reason the procedure was missed was the same for all missed procedures. Separate forms must be completed when different reasons exist among different procedures. If thoracentesis is the missed procedure, write it in on the form and code it as procedure number 10.*
  
5. ***Visit Type:** Indicate the visit type by checking the appropriate box. If Baseline of Scheduled visit, skip to Question 7.*

6. **Qualify as Scheduled Visit:** Indicate Yes or No if the procedure was due to a regularly scheduled visit or was triggered by a visit that qualified as a regularly scheduled visit. If the not, skip to Question 8.
7. **Scheduled Follow-up Month:** If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.
8. **Date of Associated Intake, Interval, or Hospital Form:** Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which the missed procedure form is also being completed. If no Interval, Intake or Hospital form is associated with this missed procedure form, the date should be left blank and keyed as a -1 in the Day boxes.
9. **Date:** Indicate whether the date of the visit for which this form was completed is the same as the date given in Question 8. If No, give the date of the visit associated with this form.
10. Indicate the one reason that the Form/Procedure was not done.

**Form Completed By:** Indicate the name of the individual that completed the form.

**Form Reviewer/Date:** The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

**Form Keyer/Date:** The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION MISSED PROCEDURES

(This form should be completed only when procedures that should have been performed at any given visit have not been done. If the procedure was attempted but not completed, please fill out the appropriate study form.)

1. Patient ID ..... [ ][ ][ ][ ][ ][ ]

2. Clinic ..... [ ][ ]

3. Current Date ..... Day [ ][ ] Month [ ][ ][ ] Year [ ][ ]

4. Which expected procedures have not been done? (Check all that apply.)

- a. Physical Exam [ ]1 f. Radiology [ ]6
b. Pulmonary Function [ ]2 g. Chemistry [ ]7
c. Skin Test [ ]3 h. Induced Sputum [ ]8
d. Interval Visit [ ]4 i. Bronchoscopy [ ]9
e. Gallium Scan [ ]5

5. With which type of visit are these missed forms associated?

- [ ]0\* Baseline [ ]1\* Scheduled Follow-up [ ]2 Symptom Generated
[ ]3 One Month Follow-up [ ]4 Hospital

\* If Baseline or Scheduled Follow-up, skip to 7.

6. Did this visit quality as a scheduled visit? ..... Yes [ ]y No [ ]n

If No, skip to 8.

01

MAY

90

7. For which scheduled follow-up visit should these forms have been completed? .....   Month  
 (00=Baseline; 03 Month, 06 Month, 09 Month, etc.)

8. Date of Intake, Interval, or Hospital Form associated with this form: .....   Day     Month   Year

9. Is the date of the visit for which this form was completed the same as the date given in response to Question 8? .....  Yes  No  
 ..... <sub>y</sub> <sub>n</sub>

If no, please give date of visit associated with this form. ....   Day     Month   Year

10. Reason form not completed: (Check only one box.)

- Patient Refused .....  1
- Patient Too Ill .....  2
- Technical Difficulties ....  3
- Other .....  4

Specify: \_\_\_\_\_

Form Reviewed By: _____ (please print)	Date: _____
Form Keyed By: _____ (please print)	Date: _____