

BASELINE SYMPTOM HISTORY, PHYSICAL EXAMINATION AND LABORATORY DATA

Clinical Study of IPPB

Form 1-4

Date of interview 5-10
Mo Day Yr

A. PATIENT IDENTIFICATION

1. Treatment center number 11
2. Patient number 12-15
3. Date of birth 16-21
Mo Day Yr

B. SYMPTOM HISTORY (over the last month).
The patient should be given the written questionnaire. The answers are to be recorded here.

	None	Mild	Mod.	Sev.	
1. Cough	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	30
2. Sputum	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	31
3. Shortness of breath	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	32
4. Wheezing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	33
5. Fluid retention	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	34
6. How many cigarettes does the patient usually smoke per day? (99 only if unknown)	<input type="text"/>		β		35-36

C. PHYSICAL EXAMINATION

1. Blood pressure (with patient sitting) (mmHg)
- Systolic 39-41
- Diastolic β 42-44
2. Respiratory rate/min 45-46
3. Apical heart rate/min 47-49

Pulmonary

- | | NO | YES | |
|--|--------------------------------|--------------------------------|----|
| 4. Does the patient use the accessory neck muscles (scalene and/or sternocleidomastoid) for quiet breathing? | <input type="text" value="1"/> | <input type="text" value="2"/> | 50 |
| 5. Does the patient have rales? | <input type="text" value="1"/> | <input type="text" value="2"/> | 51 |
| If YES, are they localized? | <input type="text" value="1"/> | <input type="text" value="2"/> | 52 |
| 6. Does the patient have wheezes on quite breathing? | <input type="text" value="1"/> | <input type="text" value="2"/> | 53 |
| If YES, are they localized? | <input type="text" value="1"/> | <input type="text" value="2"/> | 54 |
| 7. Does the patient have decreased breath sounds? | <input type="text" value="1"/> | <input type="text" value="2"/> | 55 |

Cardiac

- | | | | |
|---|--------------------------------|--------------------------------|----|
| 8. Does the patient have increased jugular venous pressure? | <input type="text" value="1"/> | <input type="text" value="2"/> | 56 |
| 9. Does the patient have a gallop rhythm (S ₃ or S ₄)? | <input type="text" value="1"/> | <input type="text" value="2"/> | 57 |
| 10. Is the rhythm regular? | <input type="text" value="1"/> | <input type="text" value="2"/> | 58 |

Other

- | | | | |
|---|--------------------------------|--------------------------------|----|
| 11. Does the patient have hepatomegaly? | <input type="text" value="1"/> | <input type="text" value="2"/> | 59 |
| 12. Does the patient have peripheral edema? | <input type="text" value="1"/> | <input type="text" value="2"/> | 60 |

D. LABORATORY DATA

- | | | | |
|---|----------------------|----------------------|---------|
| 1. Theophylline level (μg/ml) (99 if not taking theophylline) | <input type="text"/> | β | 63-64 |
| 2. WBC (x10 ³) | <input type="text"/> | <input type="text"/> | 65-69 |
| 3. Hgb (gm/dl) | <input type="text"/> | <input type="text"/> | 70-73 |
| 4. Hct (%) | <input type="text"/> | <input type="text"/> | 74-75 |
| 5. Peripheral eosinophil count | <input type="text"/> | <input type="text"/> | β 76-79 |

- E. Person responsible for the information recorded on this form.

Date: _____