PULMONARY FORMS

P²C² HIV

ENVIRONMENTAL HISTORY QUESTIONNAIRE

FORM # 41

INSTRUCTIONS

This form is to be completed by the interviewer during the interview session. The interview introduction will be read to the participant at the beginning of the session.

Missing data codes appear on the first page of the questionnaire.

Routine Schedule:

Groups I:	This form is to be completed at the initial pulmonary visit and at each change of household.
Group II:	This form is to be completed at month 3 and at each change of household.

ITEM #	INSTRUCTIONS/NOTES
2	A majority of the questions on this form are in reference to a residential household; therefore, if the response to item 2 is "3" or "4", skip questions 3 through 9.
3	This question applies to the total number of people including the child on the study. Include the person responding to the questionnaire if living with the child.
4a – 4d	These items apply to the children living in the household who are 13 years and younger. Do not include the child on the study in the total number. Respond to each item. If there are no children that fit into the age groups as listed in 4b – 4d, enter as "___ 0 " for that question.
6	If there are no regular smokers in the household, complete this question by entering "___ 0 ".
7a	Do not include the child in the total entered. If the room is not shared, enter "___ 0 ".
8b	Enter the total number of people who sleep with the child in his/her bed/crib, not counting the child on the study.

Rev.   06/25/90

P²C² HIV

ENVIRONMENTAL HISTORY QUESTIONNAIRE

GROUPS I AND II PATIENTS

TO BE COMPLETED BY THE INTERVIEWER

Patient's ID #: ___ - _𝓘 ᴅ𝘕𝘰_ ___ ___ - ___   Form #: | 4 1 |

Interviewer: _____ - _ℰHQCℰRT_ Date: __ __/_DT–FORM_
          (print name)   (cert.#)   (mm/dd/yy)

Missing Data Codes

Code missing data items as follows: F5 – Unknown
                                   F6 – Not applicable

---

1. Do you live with the child? ....   _EHQ1_
   0 – no
   1 – yes

2. Is the child a resident of a: ....   _EHQ2_
   1 – home with biological parent(s)
   2 – foster home
   3 – hospital
   4 – chronic care facility
   9 – other residential
       (Specify:_____ _EHQ2SP_ _____)

   IF THE RESPONSE IS 3 OR 4, SKIP TO QUESTION #10.

3. How many <u>people</u> live in the child's home? (<u>Include</u>
   the child, enrolled in this study, in the total number.)   _EHQ3_

4. a. How many <u>children</u> (13 years and younger) live in
   the child's home? (<u>Exclude</u> the child, enrolled in this
   study, from the total number.)...................   _EHQ4A_

   If response to 4a is "1" or more, complete 4b - 4d.

   How many children in the household are:

   b. Less than 3 years of age ....   _EHQ4B_

   c. 3 years to less than 5 years of age ....   _EHQ4C_

   d. 5 years to 13 years of age ....   _EHQ4D_

Form # 41.01   Rev. 06/25/90

Patient ID #: ___-___ ___ ___-___

P²C²· HIV
ENVIRONMENTAL HISTORY QUESTIONNAIRE

5. How many rooms, not counting bathrooms, are there in the child's home? ....

EHQ5 __ __

6. How many members in the household currently smoke regularly (at least once a day)? ....

EHQ6 __

7. a. How many people share the bedroom with the child?

EHQ7A __ __

If response to 7a is one or more, complete 7b:

b. Do any of the individuals sharing the room with the child smoke cigarettes? ....
   0 - no
   1 - yes

EHQ7B __

8. a. Does this child have his/her own bed or crib?
   0 - no
   1 - yes

EHQ8A __

If no, complete 8b:

b. Indicate the number of people that sleep with the child in his/her bed/crib. ....

EHQ8B __ __

9. a. Are there any pets in the child's home? ....
   0 - no
   1 - yes

EHQ9A __

If yes, complete 9b - 9e:
   0 - no
   1 - yes

Are there:

b. Dogs ....

EHQ9B

c. Cats ....

EHQ9C

d. Birds ....

EHQ9D

e. Other pets ....
   (Specify: _____EHQ9ESP_____)

EHQ9E __

Form # 41.01   Rev. 06/25/90

Patient ID #: ___-__ __ __-__

P²C² HIV
ENVIRONMENTAL HISTORY QUESTIONNAIRE

10. a. Does the child attend day care or school?
        0 - no
        1 - yes

        EHQ10A

If yes, complete 10b and 10c:

    b. Indicate which of the following he/she attends:
        1 - day care (4 or more hours a day with 2 or
           more children who are 5 years or younger)
        2 - nursery school
        3 - kindergarten/grade school

        EHQ10B

    c. Approximately how many children are in his/her
    class or group? ....
        1 - less than 10
        2 - 10 or more

        EHQ10C

Entered by: *CERT-NO*
      (cert. #)

Date entered: __ _/_DT-FMENT_/_ _
        (mm/dd/yy)

Form # 41.01   Rev. 06/25/90

P²C² HIV

HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

FORM # 42

INSTRUCTIONS

This form is to be completed by the interviewer during the interview session. The interview introduction will be read to the participant at the beginning of the session.

Missing data codes appear on the first page of the questionnaire as well as the codes to be used for "no" and "yes" responses.

Routine Schedule:

Group I: This form is completed at the initial pulmonary visit.

ITEM #	INSTRUCTIONS/NOTES
1b	If the individual responding to this questionnaire has lived with the child since he/she was born, enter the child's date of birth; otherwise enter the date the individual began living in the same household as the child.
16 – 20 22 – 23	Any portion of a month should be counted as a month. For example, if the child was put on AZT within the past month and has been on for 8 days, enter as "1".

Rev.   09/01/90

P²C² HIV

HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

FORM # 42

DRUG NAMES

ITEM #	INSTRUCTIONS/NOTES

19a   **TRIMETHOPRIM**
- Bactrim
- Septra

20a   **STEROIDS**
- Corticosteroids
- Prednisone
- Dexamethasone
- Methylprednisalone *(Pediapred)*

21   **BRONGHODILATORS**
- Theophylline
  Aminophylline
  Slo-bid
  Theo-dur
  Somophyllin
  Slo-phyllin
- Beta-agonist
  Albuterol *(Proventil, Ventolin)*
  Metaproterenol *(Alupent, Metaprel)*
  Isoetharine *(Bronkosol)*
  Epinephrine *(Primatene)*
  Isoproterenol *(Isuprel)*
- Anticholinergic
  Ipratopium bromide
  Atrovent
- Cromolyn
  Intal

22a   **ANTIFUNGAL AGENTS**
- Nystatin
- Mycostatin
- Ketaconazole
- Amphotericin

23a   **ANTICONVULSANTS**
- Dilantin
- Phenobarbital

Rev. 09/01/90

P²C² HIV

HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

GROUP I PATIENTS

TO BE COMPLETED BY THE INTERVIEWER

Patient's ID #: ___ - ___ ___ ___ - ___   *IDNO*   Form #:   [4 2]

Interviewer: _____ - *CERTI_NO* Date: __ __ / *DT_FORM* __ __ / __ __
            (print name)   (cert.#)   (mm/dd/yy)

General Coding Instructions

Code no/yes responses as follows: 0 - no
                                          1 - yes

Code missing data items as follows: F5 - Unknown
                                          F6 - Not applicable
                                          F8 - Date missing (unknown)

---

1. a. Are you living with the child? .... *HRI1A* ___

    If yes, complete 1b:

    b. Indicate the date when you began living with the   *DT-LIVE*
        child. (mm/dd/yy) .... __ __ / __ __ / __ __

Nasal Congestion

2. a. Has the child had nasal congestion at any time in   *HRI2A*
        the past year? .... ___

    If yes, complete 2b - 2c:

    b. On how many occasions has the child had nasal   *HRI2B*
        congestion? (referring to the past year) .... ___
        1 - 1 - 2
        2 - 3 - 5
        3 - more than 5

Form # 42.01   Rev. 06/25/90

Patient #: ___-___ ___ ___-___

P²C² HIV
HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

c. How long did the nasal congestion usually last?
   1 - 0 - 2 days
   2 - 3 - 5 days
   3 - 6 - 8 days
   4 - longer

HRI2C

Abnormal Breathing

3. a. In the past year, has this child had any episodes
      of breathing faster than usual? ....

HRI3A

If yes, complete 3b - 3c:

   b. On how many occasions has he/she experienced this
      abnormal breathing? (referring to the past year)
      1 - 1 - 2
      2 - 3 - 5
      3 - more than 5

HRI3B

   c. How long did the episodes usually last? ....
      1 - 0 - 2 days
      2 - 3 - 5 days
      3 - 6 - 8 days
      4 - longer

HRI3C

Coughing

4. a. Has this child had an episode of coughing at
      anytime in the past year? ....

HRI4A

If yes, complete 4b - 4c:

   b. On how many occasions has the child experienced
      episodes of coughing? (referring to the past year)
      1 - 1 - 2
      2 - 3 - 5
      3 - more than 5

HRI4B

   c. How long did the coughing usually last? ....
      1 - 0 - 2 days
      2 - 3 - 5 days
      3 - 6 - 8 days
      4 - longer

HRI4C

Form # 42.01   Rev. 06/25/90

Patient #: ___-__ __ __-__

P²C² HIV
HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

Fever

5. a. Has this child had a fever at anytime in the past
        year? HRI5A

    If yes, complete 5b - 5c:

    b. On how many occasions has this child had a fever?
        (referring to the past year) HRI5B
        1 - 1 - 2
        2 - 3 - 5
        3 - more than 5

    c. How long did the fevers usually last? HRI5C
        1 - 0 - 2 days
        2 - 3 - 5 days
        3 - 6 - 8 days
        4 - longer

Wheezing

6. In the past year did the child's chest ever sound
    wheezy or whistling, or did the child cough,

    a. when he/she had a cold? HRI6A

    b. occasionally apart from colds? HRI6B

    c. most of the time, daily? HRI6C

    d. after he/she had been playing hard? HRI6D

    If yes to 6 a, b, c or d; complete 6e:

    e. How long did the wheezing or whistling in the
        chest usually last? (referring to the past year)   HRI6E
        1 - 0 - 14 days
        2 - 15 - 28 days
        3 - 29 days - 2 months
        4 - over 2 months

7. a. In the past year, has this child ever had an attack
        of wheezing that has caused him/her to be short of
        breath? HRI7A

    If yes, complete 7b - 7e:

Form # 42.01   Rev. 06/25/90

Patient #: ___-___ ___ ___-___

P²C² HIV
HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

b. Has he/she had 2 or more such episodes? .... HRI 7B

c. Has he/she ever required prescription medication
for the wheezing? .... HRI 7C

d. How old was this child when he/she had his/her
first attack? (indicate in months)................ HRI 7D

e. Is or was his/her breathing completely normal
between attacks? .... HRI 7E

Sinus and Ear Infections

8. a. In the past year, has a doctor ever told you that
this child had an ear infection? .... HRI 8A

If **yes**, complete 8b:

b. How many ear infections has the child had?
(referring to the past year) .... HRI 8B
1 = 1 - 2
2 = 3 - 4
3 = 5 or more

9. a. In the past year, has a doctor ever told you that
this child had a sinus infection? .... HRI 9A

If **yes**, complete 9b:

b. How many sinus infections has the child had?
(referring to the past year) .... HRI 9B
1 = 1 - 2
2 = 3 - 4
3 = 5 or more

SEVERE CHEST ILLNESS

10. a. During the past 3 years has the child had any severe
chest illness that has kept him/her from his/her
usual activities for as much as 3 days? .... HRI 10A

If **yes**, complete 10b and 10c:

Form # 42.01   Rev. 06/25/90

Patient #: ___ - ___ ___ ___ - ___

P²C² HIV

HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

b. How many illnesses like this has he/she had within the past 3 years? .... *HRI 10B*

c. How many of these illnesses have lasted for as long as 7 days? .... *HRI 10C*

11. a. Was he/she ever hospitalized for a severe chest illness? .... *HRI 11A*

If yes, complete 11b:

b. If yes, how many hospitalization were related to a chest illness? .... *HRI 11B*

12. Has a doctor ever told you that this child had:

a. bronchitis/bronchiolitis? .... *HRI 12A*

b. asthma? .... *HRI 12B*

13. Has a doctor ever told you that this child had pneumonia? .... *HRI 13*

OTHER SYMPTOMS

14. Has this child ever had chronic diarrhea (diarrhea for more than 10 days)? .... *HRI 14*

15. Has this child ever had swollen glands which lasted more than 2 weeks? .... *HRI 15*

MEDICATION HISTORY

16. a. In the past year, has the child been given AZT? *HRI-AZT*

If yes, complete 16b:

b. What is the total number of months he/she received AZT? (referring to the past year) *HRI-AZT2*

Form # 42.01   Rev. 06/25/90

Patient #: ___-__ __ __-__

P²C² HIV
HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

17. a. In the past year, has the child been given intravenous gamma globulin? *HRI17A*

   If yes, complete 17b:

   b. What is the total number of months he/she received intravenous gamma globulin? (referring to the past year)................................. *HRI17B*

18. a. In the past year, has the child been given pentamidine? *HRI18A*

   If yes, complete 18b:

   b. What is the total number of months he/she received pentamidine? (referring to the past year) *HRI18B*

   FOR ITEMS 19 - 23, REFER TO THE FORMS MANUAL INSTRUCTIONS FOR EXAMPLES.

19. a. In the past year, has the child been given trimethoprim? *HRI19A*

   If yes, complete 19b:

   b. What is the total number of months he/she received trimethoprim? (referring to the past year) *HRI19B*

20. a. In the past year, has the child been given steroid drugs? *HRI20A*

   If yes, complete 20b:

   b. What is the total number of months he/she received steroid drugs? (referring to the past year) *HRI20B*

21. Has this child been given bronchodilators more than three times <u>at any time in the past</u>? (<u>not</u> restricted to the past year) *HRI21*

Form # 42.01   Rev. 06/25/90

Patient #: ___-___ ___ ___-___

P²C² HIV

HISTORY OF RESPIRATORY ILLNESS QUESTIONNAIRE

22. a. In the past year, has the child been given
antifungal agents? *HRI22A*

If yes, complete 22b:

b. What is the total number of months he/she received
antifungal agents? (referring to the past year) *HRI22B*

23. a. In the past year, has the child been given
anticonvulsants? *HRI23A*

If yes, complete 23b:

b. What is the total number of months he/she
received anticonvulsants? (referring to the past
year) *HRI23B*

24. a. In the past year, has the child received any
other drugs prescribed by a physician? *HRI24A*

If yes complete 24b:

b. What were the names of the prescribed medications?

1. _____ *HRI24B1* _____

2. _____ *HRI24B2* _____

3. _____ *HRI24B3* _____

Entered by: _*CERT-NO*_   Date entered: _*07-FMENT*_ __/__/__
(cert. #)   (mm/dd/yy)

Form # 42.01   Rev. 06/25/90

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

FORM # 43

INSTRUCTIONS

This form is to be completed by the interviewer during the interview session. The interview introduction will be read to the participant at the beginning of the session.

Missing data codes appear on the first page of the questionnaire as well as the codes to be used for "no" and "yes" responses.

Routine Schedule of Forms Completion:

> Groups I and II – Complete this form at months 3, 6, 9, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72 and 78.

Schedule during Intercurrent Illness:

> Groups I and II – Complete this form when the respiratory symptom evaluation is indicated.

ITEM #	INSTRUCTIONS/NOTES
3	If the response to this question is "1" (yes), the Environmental History Questionnaire (form #41) will need to be completed (NOTE: In order to link Form 43 to Form 41, the "Date Completed" on Form 41 should be ± 45 days from the "Date Completed" on Form 43). In addition, the Enrollment Identification information will need to be updated with the new address and any other pertinent information.
4a	This question refers to visits *(excluding well-baby visits)* to a physician or facility not associated with this study, or any other non–P²C² HIV study visit.
	If the response to this questions is "1" (yes), complete the items which immediately follow this question. The name of the physician and/or the facility where the child was seen must be written in the space provided. Although this information will not be entered into the computer, it will be used to complete item 4b.
4b	These items (#1, #2 and #3, as needed) are to be completed after the conclusion of the interview. Study personnel must call or request records in writing to verify this information.
14c	Provide details of TB testing and infection (who tested positive and when, when treatment began, etc.)

THE REMAINING ITEMS (15 - 17) ARE TO BE TAKEN FROM MEDICAL RECORD DOCUMENTATION. USE ALL AVAILABLE RESOURCES.

Rev. 06/08/95

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

FORM # 43

MEDICATION EXAMPLES

ITEM #   INSTRUCTIONS/NOTES

15   Medication data collected on this form are general in nature. Although not currently collected, names of each medication administered might be useful information at some later date. It would be wise to include the names of the medications in the margins on this form, even though they are not collected in the database.

Over the counter cough and cold medicines, vitamins, immunizations, etc., are not to be documented in this section. Administration of these substances are not of interest and are to be left off the form. Anti-retroviral medications and IVIG are to be entered on Form 34.

15a   **STEROID DRUGS**

Beclomethazone   Prelone
Beclovent   Solumedral
Beconase   Vancenase
Nasaline   Vanceril
Pediapred
Prednisone

15b   **ANTIFUNGAL AGENTS**

Amphotericin   Grifulvin
Fluconazole   Itraconazole
Flucytosine   Ketoconazole

15c   **ANTICONVULSANTS**

Depakene
Phenobarbital
Tegretal

15d   **ANTIBIOTICS**

Amoxicillin   Duricef
Ampicillin   EES
Augmentin   Erythromycin (see also anti-MAI)
Azactam   Flagyl
Azithromycin (see also anti-MAI)   Keflex
Biaxin (see also anti-MAI)   Lorabid
Bicillin   Macrodantin
Ceclor   Nafcillin
Cefzil   Nitrofurantoin
Cefixime   Oxacillin
Cefotaxime   Pediazole
Cefprozil   Penicillin
Ceftriaxone   Rifampicin
Cefuroxime   Rocephin
Ciprofloxacin (see also anti-MAI)   Suprax
Clarithromycin (see also anti-MAI) Sulfamethoxazole
Clofaximine   Ticarcillin
Colymycin   Timentin
Cotrimoxazole   Trimethoprim
Dicloxacillin   Vancomycin
                                    Vantin

Rev.   06/08/95

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

FORM # 43

MEDICATION EXAMPLES
(continued)

15e **BRONCHODILATOR**
Aerobid   Proventil
Albuterol   Slobid
Alupent   Slophyllin
Bronkosol   Ventolin

15f **ANTI-PNEUMOCYSITIS MEDICATIONS**
Bactrim   Septra
Dapsone   TMP-SFX
Pentamidine   Trimethoprim Sulfamethoxazole

15g **ANTI-TUBERCULOSIS MEDICATIONS**
Ethambutal (see also anti-MAI)   Pyrazinamide
INH   Rifampin (see also anti-MAI)
Isoniazid   Rifabutin (see also anti-MAI)
Mycobutin

15h **ANTI-MAI MEDICATIONS**
Azithromycin (see also antibiotic)   Erythromycin (see also antibiotic)
Clarithromycin (see also antibiotic.)   Ethambutol (see also anti-tuberculosis)
Clofazimine   Rifampin (see also anti-tuberculosis)
Ciproflaxin (see antibiotic)   Rifabutin (see also anti-tuberculosis)

15i **ANTI-CMV MEDICATIONS**
Foscarnet
Ganciclovir

15j **ANTIVIRAL MEDICATIONS**
Acyclovir   Symmetrel
Amantadine   Videx
Ribavarin   Zovirax

15k **OTHER RESPIRATORY MEDICATIONS**
Respiratory medications that do not fall into one of the categories
in items 15a - 15j, should be entered here. This field is for
respiratory medications, only.

16b - 16d Complete each line of information as needed. If only one line of
information is applicable, complete and enter "F6" in the first
field on the next line.

Example:

Blood Product	cc's	Specify if "Other" Blood Product
b. 1	2 5 0	_____
c. F6	__ __ __	_____
d. ___	__ __ __	_____

17b & 17c Complete these fields as needed. Use SNOMED topography codes.
If the site is not found in the SNOMED Indices, enter "T-00001".

Rev. 06/08/95

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

GROUPS I AND II PATIENTS

TO BE COMPLETED BY THE INTERVIEWER

Form #: | 4 3 |

Patient's ID #: ___ - ___ ___ ___ - ___   *JbN0*

Date: ___/___ *bT-/FORM*
(mm/dd/yy)

Interviewer: _____ - ___ ___ ___
(print name)   (cert.#)

Visit: Month ___ *VISMTH* ___

General Coding Instructions

Code no/yes responses as follows: 0 = no
                                     1 = yes

Code missing data items as follows: F5 = Unknown
                                     F6 = Not applicable

---

1. Indication ....   *IRQIND*
        1 = routine
        2 = unscheduled outpatient
        3 = unscheduled inpatient

PART A: QUESTIONNAIRE

2. Since the child's last visit to this department,
    have you lived with the child?.......................   *IRQ1*

3. Since the child's last visit to this department, has
    the child moved? *IRQ2*

    IF YES TO QUESTION #3, ALSO COMPLETE FORM #41 AND UPDATE FORM #02.

4. a. Since the child's last visit, has he/she been seen
        in an Emergency Room or for a non-P²C² study visit?
        (Excluding well-baby visits.).....................   *IRQ3A*

    If yes, complete the following two items:

    o *What is the name of the physician or facility?*

    _____

    o *What was the reason for the visit?*

    _____

Form # 43.06   Rev. 02/13/95

P²C² HIV
INTERVAL RESPIRATORY QUESTIONNAIRE

After the interview, complete item 4b using the information collected above:

b. The diagnosis must be verified from medical
record documentation. Call or obtain records and
code reason for visit.

1 = sinusitis	11 = gastrointestinal condition
2 = otitis media	12 = neurologic condition
3 = URI	13 = accident
9 = other pulmonary condition_JRQOTHP_	91 = other
(Specify: _____)	(Specify: ___JRQ3BSP_____)
10 = cardiac condition	92 = unable to obtain information

(Code up to three diagnoses) .... $\underline{JRQ3B}$ $\underline{JRQDX2}$ $\underline{JRQDX3}$
                                                                           (#1)   (#2)   (#3)

5.   Is the child a participant in another study? .... $\underline{JRQ4A}$

**If yes, complete the following two items. In addition, after the conclusion of this interview,
complete FORM #92 (for all studies not documented previously).**

o *What is the name of the study?*

_____

o *What is the name of the contact person and/or the
study identification number?*

_____

Nasal Congestion

6. a. Has this child had nasal congestion at any time
       since the last visit? .... $\underline{JRQ5A}$

If yes, complete 6b - 6c:

   b. On how many occasions has he/she had nasal
       congestion? (since the last visit) .... $\underline{JRQ5B}$
          1 - 1 - 2
          2 - 3 - 5
          3 - more than 5

                                                    $\underline{JRQ5C}$
   c. How long does the nasal congestion usually last?
          1 - 0 - 2 days
          2 - 3 - 5 days
          3 - 6 - 8 days
          4 - longer

Patient #: ___-___ ___ ___-___

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

Abnormal Breathing

7. a. Has this child had episodes of breathing faster
        than usual at anytime since the last visit? *IRQ6A*

    If yes, complete 7b - 7c:

    b. On how many occasions has he/she experienced
        this abnormal breathing? (since the last visit)   *IRQ6B*
        1 - 1 - 2
        2 - 3 - 5
        3 - more than 5

    c. How long do the episodes usually last? *IRQ6C*
        1 - 0 - 2 days
        2 - 3 - 5 days
        3 - 6 - 8 days
        4 - longer

Coughing

8. a. Has this child had a cough at anytime since the last
        visit? *IRQ7A*

    If yes, complete 8b - 8c:

    b. On how many occasions did the child have a period
        of coughing? (since the last visit) *IRQ7B*
        1 - 1 - 2
        2 - 3 - 5
        3 - more than 5

    c. How long does the period of coughing usually last?   *IRQ7C*
        1 - 0 - 2 days
        2 - 3 - 5 days
        3 - 6 - 8 days
        4 - longer

Fever

9. a. Has this child had a fever at anytime since the
        last visit? *IRQ8A*

    If yes, complete 9b - 9c:

    b. On how many occasions has the child had fever?
        (since the last visit) *IRQ8B*
        1 - 1 - 2
        2 - 3 - 5
        3 - more than 5

Form # 43.06   Rev. 02/13/95

P²C² HIV
INTERVAL RESPIRATORY QUESTIONNAIRE

c. How long do the fevers usually last? *IRQ8C*

    1 = 0 - 2 days
    2 = 3 - 5 days
    3 = 6 - 8 days
    4 = longer

Wheezing
(Hyperreactivity)

10. Since the last visit, did the child's chest ever sound wheezy or whistling, or has he/she had a cough:

    a. when he/she has a cold *IRQ9A*

    b. occasionally apart from colds *IRQ9B*

    c. most of the time, daily *IRQ9C*

    d. after he/she has been playing hard *IRQ9D*

11. a. Since the last visit, has this child ever had an attack of wheezing that has caused him/her to be short of breath? *IRQ10A*

    If yes, complete 11b - 11d:

    b. How many attacks has he/she had? *IRQ10B*

    c. Has he/she ever required medicine or treatment for the(se) attack(s). *IRQ10C*

    d. Is or was his/her breathing completely normal between attacks? *IRQ10D*

Other Symptoms

12. Has this child developed chronic diarrhea (diarrhea for more than 2 weeks) since the last visit? *IRQ11*

13. Has this child developed swollen glands (lasting more than 2 weeks) since the last visit? *IRQ12*

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

TB Exposure

14.   a. Has anyone in the household had a positive TB test?   *IRQTBE*

     If yes, complete 14b and 14c:

     b. Are these individuals being treated for TB infection?   *IRQTBT*

     c. Provide details: _____*IRQTBSP*_____

_____

*** INTERVIEW CONCLUDED ***

PART B: CONCOMITANT MEDICATIONS AND THERAPIES

THIS PORTION OF THE FORM MUST BE TAKEN FROM MEDICAL RECORD DOCUMENTATION. THE QUESTIONS APPLY TO THE INTERIM PERIOD BETWEEN THE LAST PULMONARY VISIT AND THIS VISIT.

15.   Since the last visit, has the patient received any of the following:

    a. Steroid drugs *IRQ13E*

    b. Antifungal agents *IRQ13G*

    c. Anticonvulsants *IRQ13H*

    d. Antibiotics ....   *MEDANTI*

    e. Bronchodilators *IRQ13F*

    f. Anti-pneumocystis medications......................   *MEDPCP*

    g. Anti-tuberculosis medications ....   *MEDTB*

    h. Anti-MAI medications ....   *MEDMAI*

    i. Anti- CMV medications ....   *MEDCMV*

    j. Antiviral medications ....   *MEDVIRAL*

    k. Other respiratory meds. (excluding: over-the-counter cough and cold meds). ....   *MEDOTH*

        (Specify:_____*MEDOTHSP*_____)

P²C² HIV

INTERVAL RESPIRATORY QUESTIONNAIRE

16.   a.   Since the last visit, has the patient received any
           blood products? *JRQ14A*

If yes, complete 16b - 16d as needed:

Blood Product Code
    1 = Blood
    2 = Platelets
    9 = Other

	Blood Product	cc's	Specify if "Other" Blood Product
b.	*JRQ14B1*	*IRQBPCC1*	*JRQ14BSP*
c.	*JRQ14C1*	*IRQBPCC2*	*JRQ14CSP*
d.	*IRQ14D1*	*IRQBPCC3*	*JRQ14DSP*

17.   a.   Since the last visit, has the patient received
           local radiation therapy? *IRQ15A*

If yes, indicate sites. (Use SNOMED topography code) Complete 17b - 17c as needed:

	Site (narrative)		Site Code (SNOMED)
b.	*JRQ15 BSP*	T - __	*IRQ15B* __
c.	*JRQ15CSP*	T - __	*IRQ15C* __

Entered by: __*CERT-NO*__   Date entered: __ _*/*_ _*/*_ __
                (cert. #)   (mm/dd/yy)

P²C² HIV

PULMONARY PHYSICAL EXAMINATION FORM

FORM # 44

INSTRUCTIONS

This form does not reflect the complete history and physical that will be performed at the time of each respiratory examination, but is the collection of data items identified as important to this study. All centers will perform their usual complete history and physical evaluation to assess the medical status of the patient.

Routine Schedule of Forms Completion:

        Groups I and II – Complete this form at the initial pulmonary visit and at months 3, 6, 9, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72 and 78.

Schedule during Intercurrent Illness:

        Groups I and II – Complete this form when a patient is seen for a respiratory intercurrent illness.

ITEM #	INSTRUCTIONS/NOTES
1	Indicate the reason for testing. Testing may be routine or due to illness (unscheduled inpatient or outpatient).
3	Enter the weight in kilograms. (lbs ÷ 2.2 – kg) [range: 1.5 – 80.0]
4	Enter the height in centimeters. (inches x 2.54 – cm) [range: 20 – 183]
5a	Respiratory rate [range: 12 – 120]. According to the Protocol, the patient must be either asleep or quietly breathing for this measurement. If the patient is not sleeping or quietly breathing, enter and "F7" (not done)
6	Heart rate [range: 50 – 300]
7a	Blood pressure: systole [range: 40 – 160] diastole [range: 10 – 120] (Note: If the physician records the diastolic pressure as "p" (palpable), enter as "F5".)
7b	Record the method used to take the blood pressure.
8a	Temperature [range: 33 – 42]

Rev. 04/13/95

P²C² HIV

PULMONARY PHYSICAL EXAMINATION FORM

FORM # 44

ITEM #   INSTRUCTIONS/NOTES

32a – 32d   Diagnosis code: Indicate the <u>respiratory</u> diagnosis by entering the appropriate code. 32a must be completed. Complete 32b – 32d if needed; if not applicable, enter "F6". If code 91 is entered, the disease must be specified in the narrative and also coded in SNOMED.

Respiratory disease
status: NEW – Disease status code "1" should be used for each <u>new</u> illness. Recurrent illnesses should also be coded as "new", if there is resolution of the disease between visits.

UNRESOLVED – Disease status code "2" should be used for each <u>unresolved</u> or <u>chronic illness</u>. If the condition was present at a previous visit, with no resolution seen during the interim, the condition should be documented as unresolved.

EXAMPLES

Example 1:   Patient has a respiratory complication of reactive airway disease which was unresolved from the last visit, and a new RSV pneumonia. Complete the form as follows:

Respiratory Diagnosis Code	Disease Status 1 = new 2 = unresolved	Diagnosis (narrative)	Site code (SNOMED)	Diagnosis code (SNOMED)
a) 1 5	2		T- _ _ _ _ _	_ _ _ _ _ _
b) 9 1	1	RSV pneumonia	T- 0 0 0 2	D- 0 4 6 1 1
c) F 6			T- _ _ _ _ _	_ _ _ _ _ _
d) _ _			T- _ _ _ _ _	_ _ _ _ _ _

Specify "91" (Other)

Example 2:   The patient has a normal respiratory exam, however if found to have gastroenteritis. Complete the form as follows:

Respiratory Diagnosis Code	Disease Status 1 = new 2 = unresolved	Diagnosis (narrative)	Site code (SNOMED)	Diagnosis code (SNOMED)
a) _ 0			T- _ _ _ _ _	_ _ _ _ _ _
b) _ _			T- _ _ _ _ _	_ _ _ _ _ _
c) _ _			T- _ _ _ _ _	_ _ _ _ _ _
d) _ _			T- _ _ _ _ _	_ _ _ _ _ _

Specify "91" (Other)

(Complete Form 91 for gastroenteritis)

NOTE: *Non-respiratory diagnoses will be documented elsewhere:*
1. *Cardiac diagnoses will be captured on cardiac forms.*
2. *Non-respiratory, non-cardiac diagnoses will be documented on form #91. (Otitis media is to be documented as a respiratory diagnosis and <u>should not</u> be recorded on Form 91.)*

Rev. 04/13/95

P²C² STUDY
PULMONARY PHYSICAL EXAMINATION

GROUPS I AND II PATIENTS

Patient's ID #: ___ - _JDWO_ __ ___-___   Form #: | 4 4 | _DT- FORM_

Completed by: _____   Date Completed: __ __/__ __/__ __
              (print name)   (mm/dd/yy)

Visit: Month __VJSMTH__

Code missing data items as follows:

      F5 — Unknown   F6 — Not applicable   F7 — Not done

1. Indication .... _IND PP_
       1 — routine
       2 — unscheduled outpatient
       3 — unscheduled inpatient
       4 — discharge evaluation

2. Date of physical examination (mm/dd/yy)............... __ __/__ __/__ __   _DT- PP_

3. Weight (kg) .... __ __ __.__   _WT- PP_

4. Height (cm) .... __ __ __.__   _HT- PP_

5. a. Respiratory rate (breaths/min) .... __ __.__   _RR- PP_

   b. Patient state .... ___   _STATE PP_
       1 — awake and quiet
       2 — sleeping

6. Heart rate (beats/min) .... __ __ __   _HTRATEPP_

7. a. Blood pressure (mm Hg) .... __ __ __/__ __ __   _BP-PP1_ / _BP-PP2_

   b. Method .... ___   _PBPMETH_
       1 — Dinamap
       2 — Doppler
       3 — auscultation
       4 — palpation

8. a. Temperature (°C) .... __ __.__   _TEMP PP_

   b. Thermometer placement .... ___   _THERMPP_
       1 — axillary
       2 — oral
       3 — rectal
       4 — ear

Patient #: ___-___ ___ ___-___

P²C² STUDY
PULMONARY PHYSICAL EXAMINATION

9. a. Skin rash..

                0 = absent
                1 = present

        If rash present, complete 9b - 9h (respond to each):
                0 = no
                1 = yes
    b. Macular   ....

    c. Papular   ....

    d. Vesicular   ....

    e. Petechial   ....

    f. Seborrhea   ....

    g. Cutaneous nodule   ....

    h. Other (Specify: _____SROTHSP_____)

10. a. Conjunctiva   ....

                0 = normal
                1 = abnormal

        If abnormal, complete 10b - 10e (respond to each):
                0 = no
                1 = yes

    b. Clear watery   ....

    c. Purulent   ....

    d. Crusting   ....

    e. Other (Specify: _____SPECCON_____)

11. a. Rhinitis   ....

                0 = absent
                1 = present

        If present, complete 11b - 11e (respond to each):
                0 = no
                1 = yes

    b. Clear watery   ....

    c. Purulent   ....

SKINRASH

MACULAR

PAPULAR

VESICUL

PETECH

SEBORR

CUTANNOD

SROTH

CONJUNCT

CJH2O

CJPURU

CJCRUST

OTHERCON

RHINITIS

RHH2O

RHPURU

Form # 44.07   Rev. 10/25/93

Patient #: ___-___ ___ ___-___

P²C² STUDY
PULMONARY PHYSICAL EXAMINATION

   d. Crusting ....

   e. Other (Specify: _____ SPECRHIN _____)

                                                 RHCRUST

                                               OTHERRHI

12. a. Mouth/Pharynx ....   _PHARYNX_
         0 - normal
         1 - abnormal

    If abnormal, complete 12b - 12f (respond to each):
         0 - no
         1 - yes

   b. Erythema ....   _PHERTH_

   c. Exudate ....   _PHEXUDAT_

   d. Vesicles ....   _PHVESIC_

   e. White plaques (thrush) ....   _PHWPLAQ_

   f. Other (Specify: _____ MPOTHSP _____)   _MPOTH_

13. a. Lymphadenopathy ....   _LYMPHAD_
         0 - absent
         1 - present

    If present, complete 13b - 13i (respond to each):
         0 - absent
         1 - present

   b. Anterior cervical lymphadenopathy ....   _ANTCERV_

   c. Posterior cervical lymphadenopathy ....   _POSTCERV_

   d. Preauricular lymphadenopathy ....   _PREAURI_

   e. Submandibular lymphadenopathy ....   _SUBMAN_

   f. Parotid lymphadenopathy ....   _PAROTID_

   g. Axillary lymphadenopathy ....   _AXILL_

   h. Inguinal lymphadenopathy ....   _INGUINAL_

   i. Other (Specify: _____ SPECLYM _____)   _OTHERLYM_

Patient #: ___-___ ___ ___-___

P²C² STUDY
PULMONARY PHYSICAL EXAMINATION

14. Otitis media ....   _OTITIS_
            0 — absent
            1 — serous
            2 — acute

15. Larynx ....   _LARYNX_
            0 — normal   2 — aphonic
            1 — hoarseness   3 — stridor

16. Rhonchi ....   _RHONCHI_
            0 — no
            1 — yes

17. Crackles ....   _CRACKLES_
            0 — none
            1 — local
            2 — general

18. Wheeze ....   _WHEEZE_
            0 — no
            1 — yes

19. Retractions ....   _RETRACT_
            0 — no
            1 — yes

20. Cyanosis ....   _CYANOSIS_
            0 — no
            1 — yes

21. Clubbing ....   _CLUB_
            0 — no
            1 — yes

22. Liver ....   _LIVER_
            0 — not palpable
            1 — 1 — 3 cm below costal margin
            2 — > 3 cm below costal margin

23. Spleen ....   _SPLEEN_
            0 — not palpable
            1 — 1 — 3 cm below costal margin
            2 — > 3 cm below costal margin

24. Cardiac rhythm ....   _RHYTHMPP_
            0 — regular
            1 — irregular

25. Murmur ....   _MURMUR_
            0 — absent
            1 — present

Form # 44.07   Rev. 10/25/93

Patient #: ___-__ __ __-__

P²C² STUDY
PULMONARY PHYSICAL EXAMINATION

Response to items #26 - #31:
    0 = normal
    1 = abnormal

26. Mental status .... *MENTALST*

27. Cranial nerves .... *CRANNERV*

28. Motor strength .... *MOTORST*

29. Sensation... *SENSAT*

30. Reflexes .... *REFLEX*

31. Coordination/Cerebellar signs............................. *CEREBELL*

32. Respiratory diagnosis:

Complete item 32a. Enter the respiratory diagnosis code and the disease status. If code "91" is entered, specify the diagnosis in the narrative, and code the condition using the SNOMED system. (SNOMED codes with prefix M, F or D are applicable in the diagnosis field.)   Complete 32b - 32d as needed.

0 = normal	6 = Serous Otitis	12 = Bronchiolitis
1 = URI	7 = Oral Candida	13 = Pneumonia
2 = Pharyngitis	8 = Epiglottitis	14 = Pneumonia empyema
3 = Sinusitis	9 = Croup-LTB no stridor	15 = Reactive airway disease
4 = Otitis Media	10 = Croup-LTB stridor	91 = Other
5 = Bullous Myringitis	11 = Tracheobronchitis	

Specify "91" (Other)

Respiratory Diagnosis Code	Disease Status 1 = new 2 = unresolved	Diagnosis (narrative)	Site code (SNOMED)	Diagnosis code (SNOMED)
a) *PPDIAG1*	*DISSTAT1*	*OTHNAR1*	I - *OTHSITE1*	_ *OTHDIA1*
b) *PPDIAG2*	*DISSTAT2*	*OTHNAR2*	I - *OTHSITE2*	_ *OTHDIA2*
c) *PPDIAG3*	*DISSTAT3*	*OTHNAR3*	I - *OTHSITE3*	_ *OTHDIA3*
d) *PPDIAG4*	*DISSTAT4*	*OTHNAR4*	I - *OTHSITE4*	_ *OTHDIA4*

(NOTE: Non-respiratory complications found on this exam should be documented on form 91. If a cardiac complication is found during this exam, a cardiac assessment and possibly a more comprehensive evaluation should be performed. The cardiac diagnosis should be documented on the appropriate cardiac form.)

Entered by: ___*CERT-NO*___   Date entered: __ *DT-FHENT* __/__ __/__ __
                (cert. #)   (mm/dd/yy)

Form # 44.07   Rev. 10/25/93

P²C² HIV

CHEST X-RAY

FORM # 45

INSTRUCTIONS

Routine Schedule:

Group I   -   Complete this form at enrollment and at months 12, 24, 36, 48, 60 and 72.

Group IIa -   Complete this form at month 3, 12, 18, 30, 42, 54, 66, 78.

Group IIb -   Complete this form at month 3, 12 and 18.
(controls)

Unscheduled:

Groups I and II - Complete this form when the respiratory symptom evaluation is indicated.

ITEM #	INSTRUCTIONS/NOTES
1	Indicate the reason chest x-ray was done. Testing may be routine or due to illness as an outpatient, inpatient or discharge evaluation. Choose the appropriate response.
3	If the chest x-ray findings are normal, enter "0" (no) and skip items 4 through 16.
5	If the only abnormalities seen are increased bronchovascular markings, enter "0" (no) and skip items 6 through 16.
16	This item is provided to document additional abnormalities other than those previously specified in items 4 - 15.
	* NOTE: **Externally introduced lines, tubes,** etc. are not to be documented as abnormal findings. Abnormalities found in **organs outside of the chest** (i.e spleen) are not to be recorded on this form.
17	This item is provided to document other observations which are not considered to be abnormalities, but which may be of some interest or importance to the study.

Rev. 11/28/94

P²C² HIV

CHEST X-RAY

Patient's ID #: ___-___ ___ ___-___   *ID N0*

Form #: | 4 5 | *DT-FORM*

Completed by: _____
(print name)

Date Completed: __ __/__ __/__ __
(mm/dd/yy)

Visit: Month ___ *VISMTH*

_____

1. Indications ....   *CXIND*
   1 - routine
   2 - unscheduled, outpatient
   3 - unscheduled, inpatient
   4 - discharge evaluation

   DT-CHXRY

2. Date of chest x-ray (mm/dd/yy) .... __ __/__ __/__ __

   CXFIND

3. Chest x-ray findings ....
   0 - normal
   1 - abnormal

   IF NORMAL, SKIP TO ITEM 17:

   ### Bronchovascular Markings

   BVMARK

4. Central bronchovascular markings (BV markings) ......
   0 - normal
   1 - undecided
   2 - increased

   OTHCXRABN

5. Were there other abnormal findings seen in the chest?
   0 - no
   1 - yes

   IF THERE WERE NO OTHER ABNORMAL FINDINGS, SKIP TO ITEM 17 (COMMENTS).
   IF ADDITIONAL ABNORMALITIES WERE SEEN, COMPLETE ITEMS 6 THROUGH 16.

   ### Lung Volume

   CXLVOL

6. Lung volume ....
   0 - normal
   1 - low
   2 - increased

   ### Interstitium

   NODDEN

7. a. Nodular densities ....
   0 - absent
   1 - present; equivocal
   2 - present; definite

   If response is "0" (absent), skip to item 8a.

Form # 45.04   Rev. 11/28/94

P²C² HIV
CHEST X-RAY

b. Location .... *NODLOC*
    1 - focal
    2 - diffuse

c. Profusion .... *NODPRO*
    1 - slight (<6 per lobe)
    2 - moderate (6 - 15 per lobe)
    3 - severe (>15 per lobe)

d. Size .... *NODSIZE*
    1 - small (<1.5 mm)
    2 - moderate (1.5 - 3 mm)
    3 - large (>3mm)

8. a. Reticular densities .... *RETDEN*
    0 - absent
    1 - present; equivocal
    2 - present; definite

If response is "0" (absent), skip to item 9a.

b. Location .... *RETLOC*
    1 - focal
    2 - diffuse

c. Profusion .... *RETPRO*
    1 - mild (<11 strands per lobe)
    2 - moderate (11-20 strands per lobe)
    3 - severe (>20 strands per lobe)

Parenchyma

9. a. Parenchymal consolidation .... *PARCON*
    0 - absent
    1 - ill defined
    2 - present

If response is "0" (absent), skip to item 10.

b. Consolidation .... *CONSOL*
    1 - > 2 mm - 1 cm
    2 - > 1 cm

c. Location .... *PARLOC*
    1 - focal (single lobe)
    2 - diffuse (2 - 5 lobes)

d. Location type .... *LOC TYPE*
    2 - segmental
    3 - lobe
    4 - multilobe
    5 - entire lung

Form # 45.04   Rev. 11/28/94

Patient #: ___-__ __ __-__

P²C² HIV
CHEST X-RAY

Cysts

10. Cyst, pneumatocele, abscesses ....
        0 - absent
        1 - present

CXCYST

Extrapulmonary

11. a. Pleural effusion ....
        0 - absent
        1 - present

PLEUEFF

If response is "0" (absent), skip to item 12.

   b. Location ....
        1 - right
        2 - left
        3 - right and left

PLEULOC

   c. Size ....
        1 - small (<1 cm thickness)
        2 - moderate (1-2 cm thickness)
        3 - large (>2 cm thickness)

PLEUSIZE

12. Pneumothorax ....
        0 - absent
        1 - present

PNEUMO

13. a. Adenopathy (hila) ....
        0 - absent
        1 - present

ADENOP

If response is "0" (absent), skip to item 14.

   b. Location ....
        1 - right
        2 - left
        3 - right and left

ADENLOC

14. Heart ....
        0 - normal
        1 - enlarged

CXHEART

15. a. Osseous changes ....
        0 - absent
        1 - present

OSSCHG

If response is "0" (absent), skip to item 16.

Form # 45.04   Rev. 11/28/94

Patient #: ___-___ ___ ___-___

P²C² HIV
CHEST X-RAY

Respond to items 15b - 15d:
   0 = absent
   1 = present

b. Rickets ....   *RICKETS*

c. Rarefaction (osteoporosis) ....   *RAREFAC*

d. Other ....   *OSSOTH*

   Specify other: _____ *OSSPEC* _____

   _____

16. Other abnormalities seen in the chest ....   *OTHOB*
      0 = no
      1 = yes
   (Externally introduced lines, tubes, etc., and organs outside the chest should not be entered here.)

   If response is "1" (yes), specify below:

   Specify: _____ *OBSPEC* _____

   _____

17. Other comments *(complete as needed)*:
   _____ *CXRCOMM* _____

   _____

Entered by: ___ *CERT-NO* ___   Date entered: __ _/__ _/__ __   *DT-FMENT*
   (cert.#)   (mm/dd/yy)

Form # 45.04   Rev. 11/28/94

P²C² HIV

AEROSOLIZED TC-99m DTPA SCINTIGRAPHY

FORM # 46

INSTRUCTIONS

DTPA TESTING DISCONTINUED AS OF 2/10/93

Rev. 06/01/93

P²C² HIV

AEROSOLIZED TC-99m DTPA SCINTIGRAPHY

GROUPS I AND II PATIENTS

Patient's ID #: ___ - _IDNO_ ___ - ___   Form #: | 4 6 | _DT-FORM_

Completed by: _____   Date Completed: __ __/__ __/__ __
                     (print name)   (mm/dd/yy)

Visit: Month _VISMTH_

Code missing data items as follows:

        F5 - Unknown   F7 - Not done or inadequate

1. Date of DTPA scan (mm/dd/yy) .... __ __/__ __/__ __   _DT-DTPA_

2. Was the child sedated for the study? ....   _DTPASED_
        0 - no
        1 - yes

3. a. Free TcO4 in the solution prior to nebulization (%) __ __.__ __   _TCO4_

    b. Free TcO4 in the solution following nebulization (%) __ __.__ __   _TCO4FOL_

4. Thyroid visibility on images ....   _THYROID_
        0 - absent
        1 - present

5. a. Maximum counts obtained .... __ __ __ __   _MAXCNT_

    b. Time to achieve counts (sec.)................... __ __ __   _TXCNT_

Distribution of Radio Aerosol on Initial Pre-clearance Image

6. Distribution ....   _DISTRIB_
        1 - uniform
        2 - non-uniform

7. Peripheral penetration ....   _PENETRAT_
        1 - good
        2 - poor

8. Central hyperdeposition ....   _HYPERDEP_
        0 - absent
        1 - present

Form # 46.04   Rev. 07/01/92

Patient #: ___-__ __ __-__

P²C² HIV

AEROSOLIZED TC-99m DTPA SCINTIGRAPHY

Clearance Rates at 8 minutes

HALF-TIME CLEARANCE (min.)   CLEARANCE/MINUTE (%)

Lung

9. Both   a) _BHIN8_   b) _BPER8_

10. Right   a) _RHIN8_   b) _RPER8_

11. Left   a) _LHIN8_   b) _LPER8_

12. (R) Peripheral 1/3 *   a) _RTHMIN8_   b) _RTHPER8_

13. (L) Peripheral 1/3 *   a) _LTHHIN8_   b) _LTHPER8_

* If peripheral 1/3 is inadequate, enter "F7".

Gamma Camera Quality Control

14. Corrected (sec.) ....   _GCCORR_

15. Bypass (sec.) ....   _GCBYPASS_

16. Corrected/Bypass Ratio ....   _GCRATIO_

Complications

17. a. Were there any difficulties experienced during this
study? ....   _DTPACOMP_
0 - no
1 - yes

If yes, complete 17b:

b. Please describe: _____DTPADESC_____

_____

_____

** SAVE PRE-CLEARANCE IMAGE AND CLEARANCE GRAPHS **

Entered by: _CERT-NO_   Date entered: __DT-ENT_/__/__
       (cert. #)   (mm/dd/yy)

Form # 46.04   Rev. 07/01/92

P²C² HIV

PULSE OXIMETRY

FORM # 47

INSTRUCTIONS

Routine Schedule:

Group I & Group II -   Complete this form at the initial pulmonary visit (or at the time of birth for a Group II patient) and at months 3, 6, 9, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72 and 78.

Unscheduled:

Group I & Group II -   Complete this form when the test is clinically indicated for a respiratory illness, or at the time of discharge evaluation.

ITEM #	INSTRUCTIONS/NOTES
1	If the test is performed due to a respiratory intercurrent illness, the response will either be "2" or "3" depending if the test was performed as an outpatient or inpatient. If the test was performed while the patient was in the hospital but specifically for the discharge evaluation, the response to this item should be "4".
4a	Indicate if a nasal canula was used.
4b	Enter the flow rate in liters per minute if a nasal canula was used.
5	Complete this field only if a nasal canula was not used.
6a	If this reading is <98%, repeat the test.
7a - 7c	Complete these items only if reading 1 is abnormal (<96) or indeterminate (96% - 97%). If the second reading is less than <98%, an ABG should be performed and the results documented on Form 48. (See exceptions to this in the Protocol.)

Rev.   08/31/95

P²C² HIV

PULSE OXIMETRY

GROUPS I AND II PATIENTS

Patient's ID #: _ID NO_ __ - __ __ __ - __   Form #: | 4 7 | _DT-FORM_

Date Completed: __ __ / __ __ / __ __
(mm/dd/yy)

Completed by: _____
(print name)

Visit: Month __ _VIS MTH_ __

Code missing data items as follows:

        F5 — Unknown   F7 — Not done

1. Indication ....   _POIND_
   1 — routine   3 — unscheduled inpatient
   2 — unscheduled outpatient   4 — discharge evaluation   _DT OXI_
                                                                     __ __ / __ __ / __ __

2. Date of test (mm/dd/yy) .... __ __ / __ __ / __ __

3. Probe site ....   _PROBSITE_ __
   1 — finger
   2 — toe
   9 — other (Specify: ____ _PROBSP_ ____)

4. a. Nasal canula used ....   _PONA SCAN_ __
      0 — no
      1 — yes

   If no, skip to item 5. If yes, complete item 4b then skip to item 6.   _POFLOW_

   b. Flow rate (L/min.) ....   __ __ . __ __

5. FIO₂ ....   _FIO2_ __ . __ __

	SpO₂ (%)	Oximeter heart rate (beats/min.)	Impedance heart rate (beats/min.)
6. Reading 1:	a) _SPO2_ __ __ __	b) _OXIHR_ __ __ __	c) _IMPEDHR_ __ __ __

IF READING 1 IS INDETERMINATE (96% – 97%) OR BELOW THE NORMAL RANGE (<96%), REPEAT THE TEST AND RECORD RESULTS BELOW.

	SpO₂ (%)	Oximeter heart rate (beats/min.)	Impedance heart rate (beats/min.)
7. Reading 2:	a) _SPO22_ __ __ __	b) _OXI HR2_ __ __ __	c) _IMPED HR2_ __ __ __

IF READING 2 IS INDETERMINATE OR BELOW THE NORMAL RANGE, PROCEED TO ABG TESTING.

Entered by: _CERT-NO_ _____   Date entered: __ __ / __ __ / __ __
(cert. #)   _DT-FMENT_ (mm/dd/yy)

Form # 47.05   Rev. 08/31/95

P²C² HIV

ARTERIAL BLOOD GAS

FORM # 48

INSTRUCTIONS

Arterial blood gas testing is not a part of routine testing. Complete this form when the ABG is clinically indicated.

> Group I and II — Complete this form when the pulse oximetry tests yield and indeterminate, inaccurate or below the normal range (<96%) value; or at the time of respiratory evaluation for intercurrent illness.

ITEM #	INSTRUCTIONS/NOTES
1	Indications: Respiratory illness evaluation — refers to outpatient or inpatient testing for evaluation of respiratory illness. Discharge evaluation — refers to testing performed as a part of a discharge evaluation.
2	Enter the date of the arterial blood gas procedure. If an arterial blood gas is not done following an abnormal pulse oximetry reading, a missing Form 48 must be entered. Enter the DATE OF THE ABNORMAL PULSE OXIMETRY in the procedure date field. Use this convention for missing Form 48 records, only.
3a	Indicate if a nasal canula was used.
3b	Enter the flow rate in liters per minute if a nasal canula was used.
4 - 7	All values must be temperature corrected.

Rev. 08/01/94

P²C² HIV

ARTERIAL BLOOD GAS

GROUPS I AND II PATIENTS

Patient's ID #: ___-*IDNO*-___ ___ ___-___   Form #: [4 8]

Completed by: _____   Date Completed: __ /__ __/__ __

(print name)   *DT-FORM*   (mm/dd/yy)

Code missing data items as follows:

F5 - Unknown   F7 - Not done

---

1. Indication ....   *IND ABG*
        1 - respiratory illness evaluation
        2 - discharge evaluation
        9 - other
            (Specify: ___*INDABGSP*___)
                                                                         DT-ABG
2. Date of procedure (mm/dd/yy).......................... __ /__ __/__ __

ALL MEASUREMENTS RECORDED IN ITEMS #3 - #7 MUST BE
TEMPERATURE CORRECTED.
                                                                         ABNASCAN
3. a. Nasal canula used .... ___
            0 - no
            1 - yes

    If no, skip to item 4. If yes, complete item 3b then skip to item 5.
                                                                         AB FLOW
    b. Flow rate (L/min.) .... __ __.__ __

                                                                         FIO2 ABG
4. FIO₂ .... __.__ __
                                                                         PH
5. pH .... __.__ __
                                                                         PCO2
6. PCO₂ (mm Hg) .... __ __
                                                                         PO2
7. PO₂ (mm Hg) .... __ __ __

Entered by: __*CERT-NO*__   Date entered: __ /__ __/__ __

(cert. #)   *DT-FMENT*   (mm/dd/yy)

Form # 48.04   Rev. 10/01/92

P²C² HIV

RESPIRATORY EVALUATION CULTURES AND SEROLOGY

FORM # 49

INSTRUCTIONS

The purpose of this form is to capture information regarding infectious disease at the time of respiratory symptom evaluation. CMV and EBV Culture and Serology information are collected on separate forms (see form #24, #25 and #26). Respiratory cultures and serology are performed only when clinically indicated.

Groups I and II - Complete this form when the respiratory symptom evaluation is indicated.

ITEM #	INSTRUCTIONS/NOTES
1a, 2a and 3a	The "date of the specimen" is the date the sample was taken.
1d - 1e	If the culture is positive, complete these items by writing in the organism cultured and coding it in SNOMED. Use the Etiology codes. The prefix is provided, enter the code number only. Example: Pseudonomas aeruginosa d. Organism cultured: __Pseudonomas aeruginosa__ Code organism .... E-_2_ _3_ _0_ _1_ If the appropriate code cannot be found in the SNOMED Indices, enter "E-0001".
2c - 2e	Respond to each item listed.
3b	Indicate if ELISA test was negative or positive for the respiratory syncytial virus.
4b - 4e	If additional tests are performed (not already documented elsewhere) for the evaluation of a respiratory illness, enter the details in items 4b through 4e (as needed). (Refer to items 1d-1e, above, for instructions on SNOMED coding.) If "9" (other) is entered for specimen type, the type must be described in the specify field provided. If a test is performed and yields negative results, enter "no organisms identified" in the narrative and use code "E-0004".

Rev. 10/25/93

P²C² STUDY

RESPIRATORY EVALUATION CULTURES AND SEROLOGY

GROUPS I AND II PATIENTS

Patient's ID #: _ _ _ _ _ ___I DN0___   Form #: | 4 9 |

Completed by: _____   Date Completed: __ __/__ __/__ __   ___DT-FORM___
            (print name)   (mm/dd/yy)

Code missing data items as follows:

        F5 — Unknown   F7 — Not done
        F6 — Not applicable   F8 — Date unknown/not applicable

---

1. Blood culture:

   a. Date of specimen (mm/dd/yy) .... __ __/__ __/__ __   ___DT-BC___

   b. Specimen number .... __ __ __ __ __   ___BCSN0___

   c. Results of blood culture ....   ___BC___
      0 — negative
      1 — positive
      3 — equivocal

   If culture was positive, complete 1d, 1e and 1f (as needed):

        Organism Cultured (narrative)   Code Organism (SNOMED)

   d. _____ _BCNARR_ _____   E — __ _BCORG_ __

   e. _____ _BCNARR2_ _____   E — __ _BCORG 2_ __

   f. _____ _BCNARR3_ _____   E — __ _BCORG 3_ __

2. Nasopharyngeal culture:

   a. Date of specimen (mm/dd/yy) .... __ __/__ __/__ __   ___DT-NASO___

   b. Specimen number .... __ __ __ __ __   ___NASOSN0___

Form # 49.03   Rev. 10/25/93

Patient #: ___-__ __ __-__

P²C² STUDY

RESPIRATORY EVALUATION CULTURES AND SEROLOGY

Results of nasopharyngeal culture 2c - 2e
(respond to each):
        0 = negative
        1 = positive
        2 = unsatisfactory

c. Adenovirus .... _NASOADEN_

d. Parainfluenza .... _NASOPARA_

e. Influenza .... _NASOINFL_

3. ELISA for RSV: _DT-RSV_

    a. Date of specimen (mm/dd/yy) .... __/__/__

    b. Test result .... _RSV_
        0 = negative
        1 = positive
        2 = unsatisfactory

4. a. Other tests performed for this respiratory evaluation? _OTHTESTE_
        0 = no
        1 = yes

If yes, complete 4b - 4e (as needed). (NOTE: If no organisms were found,
enter "no organisms identified" in the narrative and use SNOMED code
"E0004".)

Specimen Type Codes

1 = Tracheal Secretions   4 = Cerebral Spinal Fluid
2 = Gastric Aspirate   9 = Other: _OIDSPEC0_
3 = Bone Marrow

Specimen Type	Organism	SNOMED Code	Date of Specimen
b. OIDSPEC1	OIDNAR1	E - OIDCODE1	DT-OID1 __/__/__
c. OIDSPEC2	OIDNAR2	E - OIDCODE2	DT-OID2 __/__/__
d. OIDSPEC3	OIDNAR3	E - OIDCODE3	DT-OID3 __/__/__
e. OIDSPEC4	OIDNAR4	E - OIDCODE4	DT-OID4 __/__/__

Entered by: _CERT-NO_
(cert. #)

Date entered: __/__/__ _DT-FMENT_
          (mm/dd/yy)

P²C² HIV

BRONCHOALVEOLAR LAVAGE

FORM # 50

INSTRUCTIONS

Schedule during Intercurrent and/or Chronic Illness:

Groups I and II - BAL is performed as outlined in the Protocol pulmonary algorithms.

ITEM #	INSTRUCTIONS/NOTES

1   The algorithms in the protocol outline the indications listed. Refer to these for clarification.

4a   Indicate the method in which the BAL was performed.

4c   Location of lavage:

RUL -	Right upper lobe	LUL -	Left upper lobe
RML -	Right middle lobe	LLL -	Left lower lobe
RLL -	Right lower lobe	Ling -	Lingula

Note: If more than one site was lavaged, enter under "other" and specify each site.

6a - 6b   Enter the blood cell count per cubic millimeter.

8b - 8e   If the response to 8a is "1" (yes), complete 8b - 8e as needed.
Up to four organisms may be coded. If more than four are isolated, write them in the space provided.

Enter "F6" in the first field immediately following the last entry.

ORGANISM NARRATIVE:
Write out the organism identified in the lavage.

ORGANISM CODE:
Code the organism using the four digit SNOMED Etiology codes. Enter the four digit code number only. If the appropriate code cannot be found in the SNOMED Indices, enter "E-0001".

METHOD:
Enter the method used to isolate the organism. If "9" (other) is entered, specify in the space provided.

CODING EXAMPLE

Example: Organisms isolated - Cytomegalovirus and Streptococcus pneumoniae.

	Organism	Organism Code	Method
b.	Cytomegalovirus	E - 3 2 2 2	1
c.	Streptococcus pneumoniae	E - 2 5 4 2	1
d.	F6	E - __ __ __ __	__

Rev. 04/13/95

P²C² HIV

BRONCHOALVEOLAR LAVAGE

GROUPS I AND II PATIENTS

Patient's ID #: ___ - __ JDNO __ ___ - __   Form #: | 5 0 |

Date Completed: __ __ /__ __/__ __   DT-FORM
(mm/dd/yy)

Completed by: _____
(print name)

Code missing data items as follows:

F5 – Unknown   F6 – Not applicable

---

1. Indication ....   IND BAL
    1 – Intercurrent Illness: abnormal RR or chest
        x-ray, with hypoxemia
    2 – Intercurrent Illness: positive blood culture
        with no response to therapy
    3 – Chronic lung disease: abnormal RR or chest
        x-ray for 2 weeks   IND BALSP
    9 – Other (Specify: _____ IND BALSP _____)   DT-BAL

2. Date of BAL (mm/dd/yy) ....   __ __ /__ __/__ __

    BALPERF

3. Specimen number ....   __ __ __ __ __ __ __

    SPEC BAL

4. a. BAL performed by ....
        1 – Fiberoptic bronchoscopy
        2 – Endotracheal tube suction

    If response is "1" (fiberoptic bronchoscopy), complete 4b and 4c:

    AIR ABN

    b. Airway abnormalities ....
        0 – none
        1 – tracheomalacia
        2 – stenosis
        3 – vascular compression   AIRABNSP
        9 – other (Specify: _____ AIRABNSP _____)

    LOCLAVAG

    c. Location of lavage ....
        1 – RUL   4 – LUL   7 – Trachea
        2 – RML   5 – LLL   9 – Other   LOCLAVSP
        3 – RLL   6 – Ling   (Specify: _____ LOCLAVSP _____)

    FL INSTIL

5. a. Amount of fluid instilled (cc) ....   __ __ __

    FL RETURN

    b. Amount of fluid returned (cc) ....

Form # 50.06   Rev. 04/13/95

Patient #: ___-__ __ __-__

P²C² HIV
BRONCHOALVEOLAR LAVAGE

6. Cell Count:

   a. RBC (per cubic millimeter) .... _ _ _ _RBC BAL. _

   b. WBC (per cubic millimeter) .... _ _ _ _WBC BAL. _

   c. Differential WBC count

      1) Neutrophils (%) .... _ _cc polym_

      2) Lymphocytes (%) .... _ _cc lymph_

      3) Monocytes (%) .... _ _DIF MONO_

      4) Eosinophils (%) .... _ _DIF EOSI_

      5) Basophils (%) .... _ _DIF BASO_

      6) Other (%) .... _ _DIF OTH_

7. Proportion alveolar macrophages by cytospin (%) ...... _ _CYTOSPIN_ . _

8. a. Organisms identified .... _OAGCULT_
      0 - no
      1 - yes

   If yes, specify below. Complete 8b - 8e as needed:

   Method Codes

      1 - culture
      2 - stain/histologic
      9 - other (Specify: _____)

	Organism (narrative)	Organism Code (SNOMED Code)	Method
b.	BALNAR1	E - BALORG1	BALMETH1
c.	BALNAR2	E - BALORG2	BALMETH2
d.	BALNAR3	E - BALORG3	BALMETH3
e.	BALNAR4	E - BALORG4	BALMETH4

   If more than four organisms are identified, specify in the
   space provided: BAL MEMO _____

Form # 50.06   Rev. 04/13/95

Patient #: ___-___ ___ ___-___

P²C² HIV
BRONCHOALVEOLAR LAVAGE

BAL NON-IN

9. a. Non-infectious disease identified? ....
        0 - no
        1 - yes

    If yes, complete 9b:

    b. Specify: _____ *NON INF SP* _____

    _____

    _____

10. Other studies:
        0 - no
        1 - yes

    a. Electronmicroscopy ....

    EM

    b. In situ hybridization..........................

    IN SITU

    c. Immunohistochemistry ....

    IMM HIST

    If yes to 10a, 10b or 10c, complete 10d:

    d. Findings: _____ *OTH STUD F* _____

    _____

    _____

Entered by: _*CERT -NO*_   Date entered: __ *DT-FMENT* __
            (cert. #)   (mm/dd/yy)

Form # 50.06   Rev. 04/13/95

P²C² HIV

OPEN LUNG BIOPSY

FORM # 51

INSTRUCTIONS

Schedule during Intercurrent and/or Chronic Illness:

> Groups I and II: The open lung biopsy is performed as outlined in the intercurrent illness and chronic lung disease algorithms.

ITEM #   INSTRUCTIONS/NOTES

1   The indications listed correspond to the algorithms for intercurrent illness and chronic lung disease.

4   Site of biopsy:

RUL -	Right upper lobe	LUL - Left upper lobe
RML -	Right middle lobe	LLL - Left lower lobe
RLL -	Right lower lobe	Ling - Lingula

> Note: If more than one site is applicable, enter under "other" and specify each site.

5   If no abnormalities are identified in the biopsy specimen, enter "0" (negative for abnormalities) and **STOP** here.

6b - 6e   If infectious disease is identified, complete 6b - 6e as needed. Up to four organisms may be coded. If more than four are isolated, write them in the space provided.

Complete each line of information **as needed** and enter "F6" in the first field immediately following the last entry.

ORGANISM NARRATIVE:
          Each organism is to be written in the space provided.

ORGANISM CODE:
          Use the Etiology codes found in the SNOMED code book. The prefix is provided; enter the SNOMED code number.

          If the appropriate code cannot be found in the SNOMED Indices, enter "E-0001".

Rev.   06/10/92

P²C² HIV

OPEN LUNG BIOPSY

FORM # 51

ITEM #   INSTRUCTIONS/NOTES

6b - 6e   **METHOD IDENTIFIED:**
(cont.)   Use the method codes listed. If "9" (other) is used, specify
                              the method in the space provided.

CODING EXAMPLE

Example: Organisms isolated - Mycobacterium avium, Respiratory
                      syncytial virus and Pneumocystis carinii.

Organism (narrative)	Organism Code (SNOMED)	Method
b. ___Mycobacterium avium___	E-_2_ _0_ _0_ _0_	_1_
c. _Respiratory syncytial virus_	E-_3_ _3_ _7_ _0_	_1_
d. _Pneumocystis carinii_	E-_4_ _3_ _3_ _1_	_1_
e. ___F6___	E-__ __ __ __	___

7b - 7i   If a non-infectious disease is identified complete 7b - 7i. A
                      response is required for each item listed.

8b   If a non-diagnostic abnormality is identified, use the space
                      provided to specify the anomaly.

9a - 9c   A response is required for each item listed.

Rev. 06/10/92

P²C² HIV

OPEN LUNG BIOPSY

GROUPS I AND II PATIENTS

Patient's ID #: ___-__ __ __-__   *ID NO*   Form #: | 5 1 | *DT-FORM*

Completed by: _____   Date Completed: __ __/__ __/__ __
                    (print name)   (mm/dd/yy)

Code missing data items as follows:

        F5 — Unknown   F6 — Not applicable

1. Indication ....   *IND LB*
            1 — Intercurrent illness: positive BAL w/no
                response to treatment
            2 — Intercurrent illness: negative BAL and
                diffuse infiltrate on x-ray
            3 — Chronic lung disease: negative BAL
            4 — Chronic lung disease: positive BAL w/no
                response to treatment   *IND LBSP*
            9 — Other (Specify: _____)

2. Date of open lung biopsy (mm/dd/yy) .... __ __/__ __/__ __   *DT-LB*

3. Specimen number .... __ __ __ __ __   *LBSNO*

4. Site of biopsy ....   *LBSITE*
            1 — RUL   5 — LLL
            2 — RML   6 — Lingula
            3 — RLL   9 — Other
            4 — LUL   (Specify: _____)   *LBSITESP*

5. Results of biopsy ....   *LBRESULT*
            0 — negative for abnormalities
            1 — positive for abnormalities

        IF NO ABNORMALITIES WERE SEEN IN THE BIOPSY SPECIMEN,
        STOP HERE.

        IF ABNORMALITIES WERE IDENTIFIED DURING THE BIOPSY,
        COMPLETE THE REMAINING ITEMS ON THIS FORM.

Form # 51.02   Rev. 06/10/92

Patient #: ___-___ ___ ___-___

P²C² HIV
OPEN LUNG BIOPSY

INFDISLB

6. a. Infectious disease identified? ....
        0 = no
        1 = yes

    If yes, complete 6b - 6e as needed:

        Method Codes   (If more than one applies,
        1 = culture   enter the most definitive method.)
        2 = stain/histologic
        9 = other (Specify: _____*LBMETHSP*_____)

	Organism (narrative)	Organism Code (SNOMED)	Method Idenified (See above codes)
b.	*LBNARR1*	E-__ *LBORG1*	*LBMETH1*
c.	*LBNARR2*	E-__ *LBORG2*	*LBMETH2*
d.	*LBNARR3*	E-__ *LBORG3*	*LBMETH3*
e.	*LBNARR4*	E-__ *LBORG4*	*LBMETH4*

If more than four organisms are identified, write them in the
space provided below:

LBOTHER

_____

_____

Patient #: ___-___ ___ ___-___

P²C² HIV

OPEN LUNG BIOPSY

7. a. Non-infectious disease identified? .... *NONINFLB*
   0 - no
   1 - yes

   If yes, complete 7b - 7i (respond to each):
   0 - no
   1 - yes

   b. LIP .... *LIP*

   c. PLH .... *PLH*

   d. Polyclonal polymorphic B cell lymphoproliferative
      disorder .... *POLYCLON*

   e. DIP .... *DIP*

   f. Diffuse alveolar damage .... *ALVDAM*

   g. Chronic passive congestive and/or edema .... *CHRON CON*

   h. Fibrosis .... *NONFIBR*

   i. Other (Specify: _____*NONOTHSP*_____) *NONOTH*

8. a. Non-diagnostic abnormality identified .... *NONDGLB*
   0 - no
   1 - yes

   If yes, complete 8b:

   b. Specify: _____*NON DGSP*_____

Form # 51.02   Rev. 06/10/92

Patient #: ___-___ ___ ___-___

P²C² HIV
OPEN LUNG BIOPSY

9. Other studies done:
        0 - no
        1 - yes

    a. Electronmicroscopy   ....   *LB EM*

    b. Insitu hybridization   ....   *LB INSITU*

    c. Immunohystochemistry   ....   *LB IMMHIS*

Entered by: _CERT-NO_   Date entered: _DT-FHENT_ __/__/__ __
            (cert. #)   (mm/dd/yy)

Form # 51.02   Rev. 06/10/92

P²C² HIV

PULMONARY INTERCURRENT ILLNESS EPISODE

FORM # 55

INSTRUCTIONS

This form is designed to <u>summarize</u> the clinical procedures performed during any one intercurrent illness episode. It captures the first procedure or test of its kind during the episode. It is not intended to capture the detailed data items of each procedure, nor repeated tests or procedures during the same episode. The details of each test/procedure are documented on the individual data collection forms. These forms are identified in parentheses after each item listed on the Pulmonary Intercurrent Illness Episode form.

This form identifies the tests and procedures performed during the respiratory symptom evaluation as well as clinically indicated tests and procedures for the diagnosis of an intercurrent illness. It also is used to document the final diagnosis made from the collective diagnostic tests and procedures performed. More than one pulmonary diagnosis can be documented on the form if occurring during the same episode.

Complete this form at the conclusion of each documented pulmonary intercurrent illness.

ITEM #	INSTRUCTIONS/NOTES
1	If an evaluation was done or a diagnosis was made by an outside facility, an effort should be made to obtain the necessary documents, films, etc. from the institution so that complete documentation of the intercurrent illness is assured.
2	This section of the form corresponds to the signs, symptoms and tests which trigger an evaluation (as outlined in the Protocol). If an item is entered as "1" (yes), there must be a corresponding form which supports the response. The specific corresponding forms are identified next to each item listed. *Note: It is not necessary to meet each criteria listed in order to trigger the evaluation; although at least one condition should be observed.*
3 - 12	These items refer to the tests and procedures performed for each pulmonary <u>evaluation</u>. In many cases, portions of the suggested evaluation will not be done, although every effort should be made to follow the Protocol guidelines. When a test/procedure is indicated as performed, <u>there must be a corresponding form</u> completed and entered with the same procedure date. If a test/procedure is not done, it is to be documented on this form <u>only</u> along with the reason; there will be no corresponding form in this case.

Rev. 10/23/95

P²C² HIV

PULMONARY INTERCURRENT ILLNESS EPISODE

FORM # 55

ITEM #	INSTRUCTIONS/NOTES

13 - 15   These items refer to additional diagnostic tests that may be indicated.

Abnormal final result: BAL - This refers to any airway abnormalities (item 4b), isolated organisms (item 8a), non-infections diseases (item 9a) or findings from other studies (10d) documented on Form 50.

Abnormal final result: Biopsy - This refers to biopsy abnormalities as indicated in item 5 on Form 51.

16b   If the child was on ventilator assistance at any time during the episode, provide dates and other pertinent details of the event(s).

17b   If the child was hospitalized at anytime during the episode, provide dates and other details of the event(s).

17c1 - 17c4   These items refer to the discharge evaluation which is to be performed prior to discharge from a hospitalization for pulmonary intercurrent illness.

If a test/procedure is indicated as performed, there must be a corresponding form completed and entered with the same procedure date.

18 - 21   The narrative, date of diagnosis, confirmation code and complication code must be completed for each diagnosis made. If the diagnosis is one which is marked with an asterisk (See "Pulmonary Complication Codes" on form), also enter the SNOMED codes to complete the documentation of the specific diagnosis.

Complete each line of information as needed and enter "F6" in the first field immediately following the last entry.

DATE OF DIAGNOSIS:
        Indicate the date the diagnosis was made.

CONFIRMATION CODE:
        Enter the appropriate code from the confirmation codes listed on the form. If more than one method is applicable, enter the most definitive method.
                Clinical method - Physical exam
                Tissue - Biopsy
                Culture - Blood, nasopharynx, saliva
                Radiograph - Chest x-ray
                Lavage - Bronchoalveolar lavage

Rev. 10/23/95

P²C² HIV

PULMONARY INTERCURRENT ILLNESS EPISODE

FORM # 55

ITEM #   INSTRUCTIONS/NOTES

18 - 21   COMPLICATION CODE:
(Cont.)   Complication codes are provided on the form. Enter the code
                          which best fits the diagnosis.

                SITE CODE:
                          Code the site of disease.   Use the SNOMED 5 digit topography
                          codes.   The prefix has been provided, enter the code number
                          only.

                          If the site is not found in the SNOMED Indices or a site
                          cannot be assigned (see general instructions), use the
                          following conventions:
                                  T-00001 = Code not found/unable to code
                                  T-00002 = Site code not applicable

                DIAGNOSIS CODE:
                          Code the diagnosis.   Use the SNOMED Function (prefix F),
                          Disease (prefix D) or Morphology (prefix M) codes. The prefix
                          must precede the code number. Refer to the alphabetic index,
                          Volume II, for the complete listing of diagnoses.

                          Some disease code numbers are four digits in length.   When
                          using these codes add a "0" to the end of the code.

                          Example: Croup Syndrome; D-7504

                                      D - 7   5   0   4   0

                If the diagnosis cannot be found in the SNOMED Indices, enter
                "D-00001".

CODING EXAMPLES

Example: 1. Upper airway obstruction on x-ray performed 8/5/90
                  2. Pneumocystis carinii pneumonia from BAL on 8/10/90

Diagnosis	Date of Diagnosis	Confirm. Code	Comp. Code		SNOMED Code
1. Upper airway obstruction	0 8 / 0 5 / 9 0	4	5 4	Site: Diagnosis:	T - 2 0 1 0 0 M - 3 4 0 0 0
2. Pneumocystis carinii pneumonia	0 8 / 1 0 / 9 0	5	4 6	Site: Diagnosis:	T - _ _ _ _ _ M - _ _ _ _ _

Rev. 10/23/95

P²C² STUDY
PULMONARY INTERCURRENT ILLNESS EPISODE

GROUPS I AND II PATIENTS

Patient's ID #: ___-___ *IDNO* ___-___   Form #: | 5 5 | *DT-FORM*

Completed by: _____   Date Completed: __ _/__ _/__
                (print name)   (mm/dd/yy)

Code missing data items as follows:

F5 — Unknown   F6 — Not applicable   F8 — Date unknown

---

1. Pulmonary complication evaluation .... *EVALBY*
   1 — Evaluation performed by P²C² study group
   2 — Evaluation performed at Clinical Center by non-P²C² staff
   3 — Evaluation at outside institution
   9 — Other (Specify: _____ *EVALBYSP* _____)

REASON FOR RESPIRATORY SYMPTOM EVALUATION

2. Indicate signs, symptoms or tests which triggered the
   respiratory symptom evaluation. Respond to each of the following:
        0 — no
        1 — yes

   a. Unexplained cough for more than five days ....   *EVALCGH*
      (Must be documented on corresponding Form 43)

   b. Oral temperature >38°C (or rectal temperature   *EVALTEM*
      > 38.5°C) more than five days ....
      (Must be documented on corresponding Form 43 and/or 44)

   c. Tachypnea ....   *EVALTACH*
      (Must be documented on corresponding Form 44)

   d. Abnormal chest x-ray ....   *EVAL CXR*
      (Must be documented on corresponding Form 45)

   e. Crackles on auscultation ....   *EVAL AUS*
      (Must be documented on corresponding Form 44)

   f. Oxygen saturation <96% ....   *EVALOXY*
      (Must be documented on corresponding Form 47)

   g. Digital clubbing ....   *EVALCLUB*
      (Must be documented on corresponding Form 44)

*Note: It is not necessary to meet each criteria listed above to trigger
an evaluation, although at least one condition should be observed.*

Form # 55.04   Rev. 10/23/95

P²C² STUDY
PULMONARY INTERCURRENT ILLNESS EPISODE

RESPIRATORY SYMPTOM EVALUATION

Note: The following is a summary of the tests/procedures performed for this intercurrent illness episode. A corresponding form must be completed and entered for each procedure recorded below. The appropriate form number is shown in parentheses.

Test/Procedure	Test/Procedure Performed 0 = no 1 = yes	Date of Test/Procedure (mm/dd/yy)	Final Result 0 = normal/negative 1 = abnormal/positive 2 = unsatisfactory 3 = equivocal	Reason Not done 1 = refused study 2 = not scheduled 3 = not required by the Protocol 9 = other
3. a. Physical exam (#44)	PEDONE	DT-PEII __/__/__		RNDPE
b. Respiratory rate on exam	RRDONE		FRRR	RNDRR
4. Respiratory quest. (#42 or #43)	RQDONE	DT-RQII __/__/__		RNDRQ
5. Chest x-ray (#45)	CXRDONE	DT-CXRII __/__/__	FRCXR	RNDCXR
6. Arterial blood gas (#48)	ABGDONE	DT-ABGII __/__/__	FRABG	RNDABG
7. Blood culture (#49)	BCDONE	DT-BCII __/__/__	FRCC	RNDBC
8. Resp. virus cultures (#49)	RVDONE	DT-RVII __/__/__	FRRV	RNDRV
9. ELISA for RSV (#49)	RSVDONE	DT-RSVII __/__/__	FRRSV	RNDRSV
10. DHST* (#30)				
a. Candida	CANDONE	DT-CANII __/__/__	FRCAN	RNDCAN
b. PPD	PPDDONE	DT-PPDII __/__/__	FRPPD	RNDPPD
c. Tetanus	TETDONE	DT-TETII __/__/__	FRTET	RNDTET
11. Laboratory tests				
a. CBC and ESR (#27)	CBCDONE	DT-CBCII __/__/__		RND CBC
b. Chemistry (#27)	CHMDONE	DT-CHMII __/__/__		RND CHM
c. Immunologic Studies* (#28)	IMMDONE	DT-IMMII __/__/__		RND IMM
d. Immunoglobulins* (#29)	IGDONE	DT-IGII __/__/__		RND IG
12. Serum storage* (#31)	SSDONE	DT-SSII __/__/__		RNDSS
13. BAL (#50)	BALDON	DT-BALII __/__/__	FRBAL	RNDBAL
14. Lung Biopsy (#51)	LBDONE	DT-LBII __/__/__	FRLB	RNDLB
15. CT Scan	CATDONE	DT-CATII __/__/__	FRCAT	RNDCAT

* Not required if performed within the previous 2 months

Patient #: __ _ __ __ __ __ _ __

P²C² STUDY
PULMONARY INTERCURRENT ILLNESS EPISODE

VENTILATOR ASSISTANCE

VENTASS

16. a. Was the child on ventilator assistance at any time during this episode?
    0 - no
    1 - yes

If yes, complete 16b:

b. Indicate dates and describe: _____*VENTASSP*_____

_____

HOSPITALIZATION

HOSPIT

17. a. Was the child hospitalized at anytime during this episode?
    0 - no
    1 - yes

If yes, complete 17b and 17c:

b. Indicate dates and describe: _____*HOSPITSP*_____

_____

DISEVAL

c. Was a discharge evaluation performed? ....
    0 - no
    1 - yes

If yes, complete 17c1 - 17c4:

Test/Procedure	Test/Procedure Performed 0 = no 1 = yes	Date of Test/Procedure (mm/dd/yy)	Final Result 0 = normal/negative 1 = abnormal/positive 2 = unsatisfactory 3 = equivocal	Reason Not done 1 = refused study 2 = not scheduled 3 = not required by the Protocol 9 = other
c1) Physical exam (#44)	*DISPEPRO*	*DT-DISPE* __/__/__		*DISPERND*
c2) Chest x-ray (#45)	*DISCXPRO*	*DT-DISCX* __/__/__	*DISCXFR*	*DISCXRND*
c3) Oxygen saturation (#47)	*DISOSPRO*	*DT-DISOS* __/__/__	*DISOSFR*	*DISOSRND*
c4) Arterial Blood Gas (#48)	*DISPOPRO*	*DT-DISPO* __/__/__	*DISPOFR*	*DISPORND*

If "9" (other) was entered for "reason not done" in items 3 through 14 or 16c1 through 17c4, specify in the space provided below. If more than one reason is given, reference the item number for each reason described.

_____*RNDOTH*_____

_____

_____

_____

Form # 55.04   Rev. 10/23/95

Patient #: ___-___ ___ ___-___

P²C² STUDY
PULMONARY INTERCURRENT ILLNESS EPISODE

FINAL DIAGNOSIS

CONFIRMATION CODES
(If more than one applies,
enter the most definitive method.)

1 = Clinical method
2 = Tissue
3 = Culture
4 = Chest radiograph
5 = Lavage
6 = CT scan
7 = ELISA
8 = Sinus radiograph
9 = Other (Specify: _____OTHCONFD_____)

PULMONARY COMPLICATION CODES

* 41 = Upper respiratory infection (rhinitis,
            pharyngitis, sinusitis, or otitis)
  42 = Fungal pulmonary infection
* 43 = Viral pneumonia
* 44 = Bacterial pneumonia
* 45 = Mycobacterial pulmonary infection
  46 = Pneumocystis carinii pneumonia
  47 = Lymphoproliferative lung disease
            (LIP, PLH)
* 51 = Other interstitial lung diseases
* 52 = Chronic obstructive lung disease
  53 = Airway hyperreactivity
* 54 = Upper airway obstruction
* 55 = Pulmonary vascular disease
  56 = Bronchiolitis
  57 = Pneumonia, NOS
* 91 = Other pulmonary complication

* Complications identified with an asterisk, must be coded in SNOMED

	Diagnosis (narrative)	Date of Diagnosis (mm/dd/yy)	Confirmation Code	Complication Code	SNOMED Code
18.	FD1 NAR	DT-FD1 __ __/__ __/__ __	CONFD1	COMPFD1	Site: I-__ SITEFD1 Diagnosis: __-__ DIAGFD1
19.	FD2 NAR	DT-FD2 __ __/__ __/__ __	CONFD2	COMPFD2	Site: I-__ SITEFD2 Diagnosis: __-__ DIAGFD2
20.	FD3 NAR	DT-FD3 __ __/__ __/__ __	CONFD3	COMPFD3	Site: I-__ SITEFD3 Diagnosis: __-__ DIAGFD3
21.	FD4 NAR	DT-FD4 __ __/__ __/__ __	CONFD4	COMPFD4	Site: I-__ SITEFD4 Diagnosis: __-__ DIAGFD4

Entered by: ___CERT-NO___
(cert. #)

Date entered: __ DT-FMENT __/__ __/__ __
(mm/dd/yy)

Form # 55.04   Rev. 10/23/95

P²C² HIV

SPIROMETRY

FORM # 56

INSTRUCTIONS

Routine Schedule:

Group I -   Complete this form for children who are over 5 years of age (≥ 61 months) at baseline, 6, 12, 18, 24, 30, 36, 42, 48 54, 60, 66, 72 and 78.

Group II -   Complete this form at month 66, 72 and 78.

Unsuccessful Attempts:

Spirometry testing is performed in children who are 5 years of age and older. Younger children may have difficulty performing the maneuvers and in some cases the testing will be unsuccessful.

In cases where several attempts are made within a visit window, one missing form should be entered if all were unsuccessful. The reason code of "9" should be used. In the specify field indicate the number of session attempted.

If a test is successful, any complications associated with the maneuvers (and previous unsuccessful attempts within the current visit window) should be specified in item 17b.

ITEM #	INSTRUCTIONS/NOTES
5	Enter the room temperature. [Range: 20 - 27]
7 - 10 and 12 - 15	All measurements are to be recorded in BTPS

Rev.   08/01/94

P²C² HIV

SPIROMETRY

(GROUP I AND II PATIENTS)

Patient's ID #: _JDNO_ __ - __ __ __ - __

Completed by: _____
                    (print name)

Form #: | 5 6 |

Date Completed: __ __ / __ __ / __ __
                      (mm/dd/yy)

DT-FORM

Visit: Month _VISMTH_

DT-SPIRO

1. Date of Spirometry .... __ __ / __ __ / __ __

2. Weight (kg) .... _SPIROWT_ __ __ . __

3. Height (cm) .... _SPIROHT_ __ __ __ . __

4. Barometric pressure (mm Hg) .... _SPIROBAR_ __ __ __

5. Temperature (⁰C) .... _SPIROTEM_ __ __ . __

6. Patient position .... _SPIROPOS_ __
        1 — sitting
        2 — standing

PRE-BRONCHODILATOR SPIROMETRY

(Record two best efforts)

		Effort #1	Effort #2
7.	FVC (L) (BTPS)	_PREFVC1_ __ . __ __	_PREFVC2_ __ . __ __
8.	FEV₁ (L) (BTPS)	_PREFEV1_ __ . __ __	_PREFEV2_ __ . __ __
9.	FEF₂₅₋₇₅% (L per min.) (BTPS)	_PREFEF1_ __ __ __	_PREFEF2_ __ __ __
10.	PEF (L per min.) (BTPS)	_PREPEF1_ __ __ __	_PREPEF2_ __ __ __

POST-BRONCHODILATOR SPIROMETRY

(Record two best efforts)

11. Number of minutes spirometry done post-bronchodilator treatment   _POSTBRON_ __ __

Form # 56.00   Rev. 06/10/92

Patient #:   ___-___ ___ ___-___

P²C² HIV
SPIROMETRY
(GROUP I AND II PATIENTS)

		Effort #1	Effort #2
12.	FVC (L) (BTPS)	_POSFVC1_	_POSFVC2_
13.	FEV₁ (L) (BTPS)	_POSFEV1_	_POSFEV2_
14.	FEF₂₅₋₇₅ℓ (L per min.) (BTPS)	_POSFEF1_	_POSFEF2_
15.	PEF (L per min.) (BTPS)	_POSPEF1_	_POSPEF2_

PEF USING PEAK FLOW METER

Complete item 16 if the PEF was obtained by a peak flow meter. If obtained by spirometry, enter "F7" in each field below:

		Effort #1	Effort #2
16.	PEF (L per min.) (BTPS)	_FMPEF1_	_FMPEF2_

COMPLICATIONS DURING THIS SESSION

17.   a.   Were there any problems encountered during these maneuvers, or questions of adequacy or reproducibility of the subjects efforts?   _SPIROCOM_

          0 - no
          1 - yes

If "1" (yes), complete 17b:

b.   Describe: _____SPIRODES_____

_____

_____

Entered by: _CERT-NO_
              (cert. #)

Date entered: _ _/_/_ _ _   AT-FMENT
                (mm/dd/yy)

Form # 56.00   Rev. 06/10/92

P²C² HIV

PULMONARY FUNCTION TESTING

(SensorMedics 2600)

FORM # 57

INSTRUCTIONS

This form is designed to notify the CCC when a PFT study is performed (or not done), and to indicate the visit month. The actual data will not be collected on this form. Data will be collected on diskette and transmitted to the CCC via modem.

Studies using the SensorMedics equipment are performed in children up to the age of 5 (0 to 60, months) but discontinued after month 18 in Group IIb. Spirometry testing will replace SensorMedics testing at the age of 5 ($\geq$ 61 months of age). See Form 56 for spirometry testing.

Routine Schedule:

Group I and IIa -	Complete this form whenever a PFT study is performed using the SensorMedics 2600. Studies are performed at 6 month intervals at baseline (Group I, only), and months 6, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72 and 78.
Group IIb - (controls)	Studies are performed at months 6, 12, 18.

ITEM #   INSTRUCTIONS/NOTES

(no item specific instructions)

Rev. 06/01/93

P²C² STUDY

PULMONARY FUNCTION TESTING
(SENSORMEDICS 2600)

Group I and II up to 5 Years of Age

IDNO

Patient's ID #: ___ - ___ ___ ___ - ___   Form #: [5 7]

Completed by: _____   Date Completed: _ _/_ _/_ _
          (print name)   DT-FORM
                                                          (mm/dd/yy)

Visit: Month VISMTH
          __ __

DT-PFT

1. Date of PFT test (mm/dd/yy) .... _ _/_ _/_ _

2. Was the child sedated for this study? ....   PFTSED
          0 - no   __
          1 - yes

                                                              PFTPOS
3. Position of patient during study ....   __
          1 - supine
          2 - sitting

                                                              DT-FMENT
Entered by: __ __ __   Date entered: _ _/_ _/_ _
      CERT-NO   (mm/dd/yy)
      (cert. #)

Form # 57.01   Rev. 12/16/93

P²C² STUDY

THIN-CUT CT SCAN

FORM # 58

INSTRUCTIONS

Groups I and II: Schedule as needed in children with persistent infiltrate for six month duration, specifically persistent consolidation in one area of the lung. See Protocol, Section 5.2.3.2, Figure 2 - Chronic Lung Disease Algorithm.

ITEM #	INSTRUCTIONS/NOTES
1	Indicate the reason the CT scan was done.
4	If the CT Scan findings were normal, enter "0" (no) and skip items 5 through 18.
18	This item is provided to document additional abnormalities other than those previously specified in items 5 through 17.

*   NOTE: Externally introduced lines, tubes, etc. are not to be documented as abnormal findings. Abnormalities found in organs outside of the chest (i.e. spleen) are not to be recorded on this form.

19   This item is provided to document other observations which are not considered to be abnormalities, but which may be of some interest or importance to the study.

P²C² STUDY
THIN-CUT CT SCAN

Patient's ID #: ___-___ ___ ___-___   *IDNO*   Form #: | 5 8 | *DT-FORM*

Completed by: _____   Date Completed: __ __/__ __/__ __
(print name)   (mm/dd/yy)

___

1.   Indications for CT scan (respond to each):
           0 = no
           1 = yes

      a.   Persistently abnormal chest x-ray >3 months ...   *CTINDCXR*
                                                                      ___
      b.   Persistently abnormal pulmonary physical exam >3 months   *CTINDPPE*
                                                                      ___
      c.   Persistently low O_2 saturation <96% *CTINDO2*
                                                                      ___
      d.   Other (specify: _____ *CTINDSP* _____)   *CTINDOTH*
                                                                      ___

                                                                    __ __/*DT-CT*/__ __
2.   Date of CT scan (mm/dd/yy) ....

3.   Were high resolution images obtained? ....   *HIGH RES*
           0 = no   ___
           1 = yes

4.   CT results ....   *CTRESULT*
           0 = normal   ___
           1 = abnormal

      IF FINDINGS WERE NORMAL, SKIP TO ITEM 19.   IF FINDINGS WERE
      ABNORMAL, COMPLETE THE REMAINING ITEMS.

5.   Mediastinum ....   *CTMEDIA*
           0 = normal   ___
           1 = adenopathy >1 cm
           9 = other abnormality
               Specify: _____ *CTMEDSP* _____

6.   a. Hila ....   *CTHILA*
           0 = normal   ___
           1 = adenopathy >1 cm
           9 = other abnormality
               Specify _____ *CTHILASP* _____

      If response is "0" (normal) skip to item 7.

Form # 58.00   03/02/96

P²C² STUDY

THIN-CUT CT SCAN

b. Site .... *CTHILAST*
    1 — right
    2 — left
    3 — bilateral

7. a. Lung volume .... *CTLUNGVO*
    0 — normal
    1 — abnormal
    2 — equivocal

If response is "0" (normal) skip to item 8a.

b. Size .... *CTLUNGSZ*
    1 — decreased
    2 — increased

c. Location .... *CTLUNGLO*
    1 — focal (1 lobe or segment)
    2 — diffuse (>1 lobe)

d. Site .... *CTLUNGST*
    1 — right
    2 — left
    3 — bilateral

8. a. Nodular densities .... *CTNOD*
    0 — absent
    1 — present
    2 — equivocal

If response is "0" (absent), skip to item 9a.

b. Location .... *CTNODLO*
    1 — focal (1 lobe or segment)
    2 — diffuse (> 1 lobe)

c. Site .... *CTNONST*
    1 — right
    2 — left
    3 — bilateral

9. a. Alveolar infiltrates .... *CTALVE*
    0 — absent
    1 — present
    2 — equivocal

If response is "0" (absent), skip to item 10a.

b. Location .... *CTALVELO*
    1 — focal (1 lobe or segment)
    2 — diffuse (> 1 lobe)

Form # 58.00   03/02/96

ID #: __-__ __ __-__

P²C² STUDY
THIN-CUT CT SCAN

c. Site .... *CTALVEST*
    1 — right
    2 — left
    3 — bilateral

10. a. Interstitium .... *CTINT*
    0 — normal
    1 — thickened
    2 — equivocal

If response is "0" (normal), skip to item 11a.

b. Location .... *CTINTLO*
    1 — focal (1 lobe or segment)
    2 — diffuse (>1 lobe)

c. Site .... *CTINTST*
    1 — right
    2 — left
    3 — bilateral

11. a. Bronchiectasis .... *CTBRONCH*
    0 — absent
    1 — present
    2 — equivocal

If response is "0" (absent), skip to item 12.

b. Location .... *CTBRONLO*
    1 — focal (1 lobe or segment)
    2 — diffuse (>1 lobe)

c. Site .... *CTBRONST*
    1 — right
    2 — left
    3 — bilateral

12. Cyst .... *CTCYST*
    0 — absent
    1 — present, single
    2 — present, multiple

13. Pneumatocele .... *CTTOCELE*
    0 — absent
    1 — present, single
    2 — present, multiple

ID #: __-__ __ __-__

P²C² STUDY
THIN-CUT CT SCAN

CTABSCES

14. **Abscess** ....
    0 — absent
    1 — present, single
    2 — present, multiple

CTPLEURA

15. **Pleura** ....
    0 — normal
    1 — thickened

CTPNTHX

16. **Pneumothorax** ....
    0 — absent
    1 — present

CTHEART

17. **Heart** ....
    0 — normal
    1 — enlarged

CTOTHAB

18. **Other abnormalities** ....
    0 — no
    1 — yes

    If response is "1" (yes), specify below:

    Specify: _____*CTOTHABS*_____

    _____

****

CTCOMMEN

19. **Comments** ....
    0 — no
    1 — yes

    If response is "1" (yes), specify below:

    Specify: _____*CTCOMSP*_____

    _____

    _____

Entered by: __*CERT-NO*__   Date entered: __*DT FMENT*__
(cert.#)   (mm/dd/yy)

Form # 58.00   03/02/96

P²C² ~ WITS
COLLABORATIVE SPIROMETRY PROJECT

Patient's ID #: **IDNO** __-__ __ __-__

Form #: | **5 9** | **DT_FORM**

Test performed by: _____
(print name)

Date Completed: __ __/__ __/__ __
(mm/dd/yy)

DT_SPIRO

1. Date of Spirometry .... __ __/__ __/__ __

SPIROWT

2. Weight (kg) .... __ __.__

SPIROHT

3. Height (cm) .... __ __.__

SPIROBAR

4. Barometric pressure (mm Hg) .... __ __ __

SPIROTEM

5. Room temperature (°C) .... __ __.__

SPIROPOS

6. Patient position ....
   1 = sitting (recommended position)
   2 = standing

__

PRE-BRONCHODILATOR SPIROMETRY

(Record two best efforts)

		Effort #1	Effort #2
7.	FVC (L) (BTPS)	**PREFVC1** __.__ __	**PREFVC2** __.__ __
8.	FEV₁ (L) (BTPS)	**PREFEV1** __.__ __	**PREFEV2** __.__ __
9.	FEF₂₅₋₇₅% (L per SEC) (BTPS)	**PREFEF1** __.__ __	**PREFEF2** __.__ __
10.	PEF (L per SEC) (BTPS)	**PRE PEF1** __.__ __	**PREPEF2** __.__ __

LUNG VOLUME MEASUREMENTS

PLETHESM

11. Was body box plethesmography performed? .... __

If "1", (yes), complete items 12-18. If not, skip to item 19.

FRC

12. FRC (L) (BTPS) .... __ __.__ __

ERV

13. ERV (L) .... __.__ __

RV

14. RV (box) .... __ __.__ __

SVC

15. SVC (L) .... __.__ __

IC

16. IC (L) .... __.__ __

Form # 59.00   09/15/98

P²C² ~ WITS
COLLABORATIVE SPIROMETRY PROJECT

17. TGV (box) .... TGV

__ __.__ __

18. TLC (box) .... TLC

__ __.__ __

COMPLICATIONS and MEDICAL HISTORY

0 = no
1 = yes

19 a. Were there any problems encountered during these maneuvers, or   PROB
        questions of adequacy or reproducibility of the subjects efforts?   ____

If "1" (yes), complete 17b:

    b. Describe: ___PROBDESC_____

    _____

    _____

20. Does the patient have a cold or sore throat today? ....   COLDTODA
                                                                    ____

21. Has the patient had a cold or sore throat in the past 2 weeks?   COLDPAST
                                                                      ____

22. a. Does the patient have physician-diagnosed asthma? .....   ASTHMA
                                                                    ____

If "1" (yes) complete 22b, c, and d:

    b. Has the patient been treated for asthma in the past 2 weeks?   ASTHMAT
                                                                       ____

    c. Is the patient currently on asthma medication? ....   ASTHMAM
                                                                    ____

    d. Specify medication ___ASTHMAMS_____

23. a. Has the patient been hospitalized for respiratory problems   HOSP
        since the last visit?   ____

If "1" (yes) complete 23b:

    b. Describe ___HOSPDESC_____

    _____

    _____

_____   FM

Entered by: __CERT_NO___   Date entered: __ __/__ __/__ __   DT_ENT
            (cert. #)   (mm/dd/yy)

Form # 59.00   09/15/98