

PULMONARY AIDS CLINICAL STUDY
FORM F - PULMONARY FUNCTION REPORT FORM

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

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.
2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.
3.
 - a. **Date of Test:** Enter the date the procedure was performed. Remember to use the complete date format described earlier in this document.
 - b. **Time (military):** Record time procedure was performed or 00:00.
4. **Age:** Enter the patient's age in whole years of life completed.
5. **Height:** Enter the patient's height in centimeters. Use the formula's: (1 foot = 30.48 cm and 1 inch = 2.54 cm) to compute height in centimeters. Round height using the rounding conventions stated in Section VII of this manual.
6. **Gender:** Check the box corresponding to the patient's gender.
7. **Questions 7 thru 12:** Check the box that signifies whether or not the specified test was completed or not. If so, enter the measured value in the space provided. Be sure to record all measurements in the units specified. For the DLCO measurement, be sure to

for specifics on the laboratory procedures that should be used to make these measurements.

13. **Visit Type:** *Indicate the visit type by checking the appropriate box. If **Baseline** or **Scheduled Follow-up** visit, skip to Question 15.*
14. **Qualify as Scheduled Visit:** *Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 16.*
15. **Scheduled Follow-up Month:** *If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.*
16. **Date of Associated Intake, Interval or Hospital Form:** *Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.*

Pulmonary Function Completed By: Enter the name of the person who performed the pulmonary function test.

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

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

PULMONARY COMPLICATIONS OF HIV INFECTION
PULMONARY FUNCTION REPORT FORM

1. Patient ID

2. Clinic

3. A. Date of Test Day Month Year

B. Time (military) :

4. Age Years

5. Height cm

6. Gender 01 Male 02 Female

7. FVC 01 Completed 02 Unable to do 09 Not Done

Measured value • L

8. VC (Slow) 01 02 09

Measured value • L

9. VA 01 02 09

Measured value • L

		Completed	Unable To Do	Not Done						
10. FEV ₁		<table border="1"><tr><td></td><td></td></tr></table> ₀₁			<table border="1"><tr><td></td><td></td></tr></table> ₀₂			<table border="1"><tr><td></td><td></td></tr></table> ₀₉		
Measured value	<table border="1"><tr><td></td></tr></table> • <table border="1"><tr><td></td><td></td></tr></table> L									
11. FEF (75-25 liters/sec)		<table border="1"><tr><td></td><td></td></tr></table> ₀₁			<table border="1"><tr><td></td><td></td></tr></table> ₀₂			<table border="1"><tr><td></td><td></td></tr></table> ₀₉		
Measured value	<table border="1"><tr><td></td></tr></table> • <table border="1"><tr><td></td><td></td></tr></table> L/sec									
12. DLCO.....		<table border="1"><tr><td></td><td></td></tr></table> ₀₁			<table border="1"><tr><td></td><td></td></tr></table> ₀₂			<table border="1"><tr><td></td><td></td></tr></table> ₀₉		
Measured value	<table border="1"><tr><td></td><td></td></tr></table> • <table border="1"><tr><td></td><td></td></tr></table> ml/min/mm Hg									
Measured value	<table border="1"><tr><td></td><td></td></tr></table> • <table border="1"><tr><td></td><td></td></tr></table> ml/min/mm Hg									
Measured value	<table border="1"><tr><td></td><td></td></tr></table> • <table border="1"><tr><td></td><td></td></tr></table> ml/min/mm Hg									

13. Visit Type: ₀^{*} Baseline ₁^{*} Scheduled Follow-up ₂ Symptom Generated
₃ One Month Follow-up ₄ Hospital

* If Baseline or Scheduled Follow-up, skip to 15.

14. Does this visit qualify as a scheduled visit? _y Yes _n No

If No, skip to 16.

15. For which scheduled follow-up visit does this qualify? month
 (00=Baseline; 03 month, 06 month, 09 month, etc.)

16. Date of Intake, Interval, or Hospital Form associated with this form:

Day	Month	Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Pulmonary Function Completed By: _____	
Form Reviewed By: _____ (please print)	Date: _____
Form Keyed By: _____ (please print)	Date: _____