

PULMONARY AIDS CLINICAL STUDY
FORM S - SKIN TEST RESULTS

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. **Date Applied:** Enter the date that the skin test was performed. Use the date format specified in Section VII of this manual. This must be a complete date.
4. **Date Read:** Enter the date that the skin test was read. Use the date format specified in Section VII of this manual. This must be a complete date.
5. **Skin Test:** Check the appropriate box indicating whether the listed skin test was completed or not. If so, indicate the size of the reaction in millimeters.
6. **Visit Type:** *Indicate the visit type by checking the appropriate box. If Baseline or Scheduled Follow-up visit, skip to Question 8.*
7. **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 9.*

8. **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.*

9. **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.*

Form Completed By: The name of the individual that completes the form should be printed in the space provided.

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
SKIN TEST RESULTS

1. Patient ID

2. Clinic

3. Date applied Day Month Year

4. Date read Day Month Year

5. Skin Test:	Completed		Size of Reaction (mm)
	Yes	No	
A. Candida	<input type="text"/> y	<input type="text"/> n	<input type="text"/> <input type="text"/>
B. Mumps	<input type="text"/> y	<input type="text"/> n	<input type="text"/> <input type="text"/>
C. Trichophyton	<input type="text"/> y	<input type="text"/> n	<input type="text"/> <input type="text"/>
D. 5TU PPD-Tuberculin	<input type="text"/> y	<input type="text"/> n	<input type="text"/> <input type="text"/>

6. 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 8.

Yes No

7. Does this visit qualify as a scheduled visit? _y _n

If No, skip to 9.

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

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

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Skin Test Completed By: _____	
Form Reviewed By: _____ (please print)	Date: _____
Form Keyed By: _____ (please print)	Date: _____