

PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
 CLINICAL SCIENCE ENTRY FORM

Clinic No.					
ID No.					
Form Type	C	E	O	1	

PART I: Identifying Information.

1. Patient's NAME CODE:

2. Study entry:

Used to calculate
 E21DYS

A. Date: -- ___ - ___ - ___
 Month Day Year

B. Time: _____ : _____
 24 hr clock

3. Hospital medical record number:

4. Date of birth:

Used to calculate
 AGEGRP

___ - ___ - ___
 Month Day Year

5. Sex of patient F215 _____ (1) (2)
 Male Female

6. Personnel responsible for completing this form:

A. Clinical Science Fellow

1. Certification Number:

2. Signature:

B. Clinical Scientist

1. Certification Number:

2. Signature:

C. Clinical Coordinator

1. Certification Number:

2. Signature:

INSTRUCTIONS

Items marked with an asterisk (*), may be coded with "8"s to indicate not available.

PART II: Hospitalization Information.

7. Date and time of admission to hospital
(or arrival at emergency room or office
if completed on out-patient visit):

A. Date: _____ - _____ - _____
 Month Day Year

*B. Time: _____ : _____
 24 hr clock

8. Admitting diagnoses:

A. Diagnoses:

B. Admitting ICD-9 codes:

- (primary) 1. _____ . _____
 2. _____ . _____
 3. _____ . _____
 4. _____ . _____

9. Patient location:

A. Service (Check all that apply):

1. Medical service ----- (1)
2. Surgical service ----- (1)

If this patient is not on a
surgical service, proceed to
Item 9A3.

a. Surgical speciality
(check one):

- F219A2A
Cardiothoracic ----- (01)
General ----- (02)
Neurosurgical ----- (03)
Obstetrics-Gyn-
ecology ----- (04)
Orthopedics ----- (05)
Urology ----- (06)
Other, specify ----- (07)

3. Emergency room ----- (1)
4. Other out-patient ----- (1)
5. Other, specify ----- (1)

9. (Continued)

B. ICU: ----- (1) (2)
 Yes No

If NO, proceed to Part III.

C. Specialty unit:

- CCU ----- (1)
SICU ----- (2)
Other ICU, specify ----- (3)

PART III: Clinical Evaluation.

III A. RISK FACTORS

(Except as noted risk factors should be pre-
sent within three months of presentation)

10. Immobilization:

A. Within 3 months F2110A ----- (1) (2)
 Yes No

If NO, proceed to Item 11.

B. Date immobilization started:

_____ - _____ - _____
 Month Day Year

C. Most recent date immobilized:

_____ - _____ - _____
 Month Day Year

11. Coronary artery disease F2111
(ever) ----- (1) (2)

12. Myocardial infarction F2112 ----- (1) (2)

13. Other heart disease F2113 ----- (1) (2)

If NO, proceed to Item 14.

A. Valvular heart disease -- (1) (2)

If NO, proceed to Item 13C.

Used to calculate
LOCATION

ID No. [] [] [] [] [] [] [] [] [] []

23. Diabetes mellitus ----- Yes No Uncer-
 (1) (2) (3) tain
24. Sickle cell disease or
 other hemoglobinopathy
 (ever) ----- (1) (2) (3) F2124
25. Ever smoked cigarettes?
 (NO means less than 20
 packs of cigarettes in
 a lifetime) ----- (1) (2) F2125
 Yes No

If NO, proceed to Item 26.

- A. Now smoke cigarettes
 (as of 1 month ago)? ----- (1) (2)
 Yes No
- *B. How many pack-years
 of smoking? -----
26. Dehydration (within
 1 week) ----- (1) (2)
27. Pregnant (now) ----- (1) (2)

Pregnant patients are not eligible
 for pursuit to angiography in PIOPED.

28. Post partum (within
 3 months) ----- Yes No
 (1) (2) F2128
29. Vasculitis (within
 3 months) ----- (1) (2) F2129
30. Collagen vascular dis-
 ease (active within
 3 months) ----- (1) (2) F2130
31. Has this patient self-admin-
 istered intravenous drugs or
 medications (ever)? ----- (1) (2)

If NO, proceed to Item 32.

- A. Administered drugs
 or medications
 within the last
 month? ----- (1) (2) (3)
 Yes No Uncer-
 tain
- *B. How old when first
 started? ----- years
- *C. How old when
 stopped? ----- years
 Has not stopped ----- (1)
32. Has the patient had
 a stroke? ----- (1) (2) F2132
 Yes No

33. Central venous instrumentation (any within 3 months) ----- (1) (2) F2133
 Yes No

If NO, proceed to Part III B.

	(1)		(2)			(3)		
	Yes	No	Most Recent Date in Place			Placement		
			Month	Day	Year	Subclavian	Femoral	Other
A. Central venous line -----	(1)	(2)	---	-	---	(1)	(2)	(3)
B. Swan Ganz line -----	(1)	(2)	---	-	---	(1)	(2)	(3)
C. Intravenous hyperalimen- tation line -----	(1)	(2)	---	-	---	(1)	(2)	(3)
D. Right sided permanent pacemaker -----	(1)	(2)	---	-	---	(1)	(2)	(3)
E. Dialysis catheter -----	(1)	(2)	---	-	---	(1)	(2)	(3)
F. EPS (electrophysiological study) line -----	(1)	(2)	---	-	---	(1)	(2)	(3)

ID No. [] [] [] [] [] [] [] [] [] []

III B: MEDICATIONS AT TIME OF SYMPTOMS ONSET

34. Mini dose heparin ----- Yes No (1) (2) F2134
35. Adjusted dose heparin ----- (1) (2) F2135
36. Full dose heparin ----- (1) (2) F2136
37. Oral anticoagulants ----- (1) (2) F2137
38. Aspirin ----- (1) (2) F2138
39. Dipyridamole ----- (1) (2) F2139
40. Sulfipyrazone ----- (1) (2) F2140
41. Estrogen containing drugs --- (1) (2) F2141

III C: SYMPTOMS WITHIN 3 DAYS PRIOR TO V/Q SCAN

42. Dyspnea ----- (1) (2) F2142
 Yes No

If NO, proceed to Item 43.

A. Degree (check one):

- Mild ----- (1)
 Moderate ----- (2)
 Severe ----- (3)

B. Duration (check one):

- < 3 days ----- (1)
 > 3 days but < 1 week ----- (2)
 > 1 week but < 1 month ----- (3)
 > 1 month ----- (4)

43. Fever ----- (1) (2) F2143
 Yes No

If NO, proceed to Item 44.

A. Duration (check one):

- < 3 days ----- (1)
 > 3 days but < 1 week ----- (2)
 > 1 week but < 1 month ----- (3)
 > 1 month ----- (4)

44. Chills (within 3 days) ----- Yes No (1) (2) F2144

45. Chest pain ----- (1) (2) F2145

If NO, proceed to Item 49.

46. Pleuritic ----- (1) (2) F2146

If NO, proceed to Item 47.

A. Location (check all that apply):

1. Mid front ----- (1)
 2. Right ----- (1)
 3. Left ----- (1)
 4. Mid back ----- (1)

B. Duration (check one):

- < 3 days ----- (1)
 > 3 days but < 1 week ----- (2)
 > 1 week but < 1 month ----- (3)
 > 1 month ----- (4)

47. Angina-like ----- (1) (2) F2147
 Yes No

If NO, proceed to Item 48.

A. Location (check all that apply):

1. Anterior chest ----- (1)
 2. Left arm ----- (1)
 3. Right arm ----- (1)
 4. Jaw ----- (1)
 5. Neck ----- (1)
 6. Body ----- (1)
 7. Other, specify ----- (1)

ID No. [] [] [] [] [] [] [] [] [] []

47. (Continued)

B. Description (check all that apply):

- 1. Heavy ----- (1)
- 2. Sharp ----- (1)
- 3. Dull ----- (1)
- 4. Burning ----- (1)
- 5. Crushing ----- (1)
- 6. Other, specify ----- (1)

C. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

48. Other chest pain ----- (1) (2) F2148
Yes No

If NO, proceed to Item 49.

A. Location (check all that apply):

- 1. Mid front ----- (1)
- 2. Right ----- (1)
- 3. Left ----- (1)
- 4. Mid back ----- (1)

B. Description: _____

C. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

49. Palpitations ----- (1) (2) F2149
Yes No

If NO, proceed to Item 50.

A. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

50. Cough ----- (1) (2) (3) F2150
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 51.

A. Description (check all that apply):

- 1. Purulent sputum ----- (1)
- 2. Clear sputum ----- (1)
- 3. No sputum ----- (1)
- 4. Bloody sputum ----- (1)

B. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

51. Hemoptysis (within 1 month) ----- (1) (2) F2151
Yes No

If NO, proceed to Item 52.

A. Description (check one):

- Blood streaking ----- (1)
- Blood tinged ----- (2)
- All blood ----- (3)

1. If ALL BLOOD, specify quantity of largest amount in a 24 hour period associated with this episode (check one):

- Too little to quantify - (1)
- Less than 1 teaspoon --- (2)
- 1 teaspoon to 1/2 cup -- (3)
- > 1/2 cup ----- (4)

B. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

ID No. [] [] [] [] [] [] [] [] [] []

52. Wheezing ----- (1) (2) F2152
Yes No

If NO, proceed to Item 53.

A. Duration (check one):

- < 3 days ----- (1)
- > 3 days but < 1 week ----- (2)
- > 1 week but < 1 month ----- (3)
- > 1 month ----- (4)

Yes No

53. Loss of consciousness
(within 1 week) ----- (1) (2) F2153

54. Symptoms of an acute upper
respiratory tract illness --- (1) (2) F2154

55. Symptoms of an acute lower
respiratory tract illness --- (1) (2) F2155

56. Pain in the legs other
than arthritis ----- (1) (2) F2156

If NO, proceed to Item 57.

A. Duration (check one):

- < 1 month ----- (1)
- > 1 month ----- (2)

57. Swelling in the legs or foot
(feet) other than joints --- (1) (2) F2157
Yes No

If NO, proceed to Item 58.

A. Duration (check one):

- < 1 month ----- (1)
- > 1 month ----- (2)

58. Anxiety ----- (1) (2) F2158
Yes No

59. Sense of impending doom ----- (1) (2) F2159
Yes No

III D: PHYSICAL EXAMINATION

60. Blood pressure:

*A. Supine:

1. Systolic ----- mm Hg

2. Diastolic ----- mm Hg

SBP □
DBP

*B. Sitting:

1. Systolic ----- mm Hg

2. Diastolic ----- mm Hg

*C. Arterial catheter
blood pressure,
supine:

1. Systolic ----- mm Hg

2. Diastolic ----- mm Hg

61. Paradox (pulsus par-
adoxus \geq 10 mm Hg)
present ----- (1) (2) (3) F2161
Yes No Unknown

If NO or UNKNOWN, proceed
to Item 62.

*A. Absolute value ----- mm Hg

ID No. [] [] [] [] [] [] [] [] [] []

PULSE

62. Pulse (apical):

- *A. Supine --- beats/minute
- *B. Sitting --- beats/minute

63. Respiratory rate:

--- breaths/minute **F2163**

- A. Patient on ventilator --- (1) (2) **F2163A**
Yes No

64. Temperature:

A. Site (check one):

- Oral --- (1)
- Rectal --- (2)
- Not done --- (3)
- Other, specify --- (4)

If NOT DONE, proceed to Item 65.

*B. Measurement:

--- °F **F2164B**

65. Acute distress --- (1) (2) **F2165**
Yes No

66. Diaphoresis --- (1) (2) **F2166**

67. Cyanosis --- (1) (2) **F2167**

*68. Jugular venous pressure --- cm H₂O **F2168**

69. Use of accessory muscles with respiration --- (1) (2) **F2169**
Yes No

ID No. [] [] [] [] [] [] [] [] [] []

70. Crackles ----- (1) (2) F2170
Yes No

If NO, proceed to Item 71.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
	1. Right side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

71. Wheezes ----- (1) (2) F2171
Yes No

If NO, proceed to Item 72.

A. Distribution (check one):

Localized ----- (1)
Generalized ----- (2)

If GENERALIZED, proceed to Item 72.

B. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
	1. Right side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

72. Tubular breath sounds, egophony and/or
bronchophony ----- (1) (2) F2172
Yes No

If NO, proceed to Item 73.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
	1. Right side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

73. Decreased breath sounds ----- (1) (2) F2173
Yes No

If NO, proceed to Item 74.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
	1. Right side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side -----	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

ID No. [] [] [] [] [] [] [] [] [] []

74. Pleural friction rub ----- (1) (2) F2174
Yes No

If NO, proceed to Item 75.

Location (check all that apply):

- A. Left ----- (1)
- B. Right ----- (1)

75. Pericardial friction rub ----- (1) (2) F2175

Yes No

76. Ventricular lift ----- (1) (2)

If NO, proceed to Item 77.

Location (check all that apply):

- A. Right ----- (1)
- B. Left ----- (1)

77. Wide, physiological split, S₂ ----- (1) (2) F2177

Yes No

78. Increased P₂ ----- (1) (2) F2178

If NO, proceed to Item 79.

A. Palpable ----- (1) (2)

79. S₃ present ----- (1) (2) F2179

80. S₄ present ----- (1) (2)

81. Murmurs, bruits and rumbles:

A. Ejection murmurs present? ----- (1) (2) (3) F2181A
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 81B.

1. Murmurs loudest at (check one):

Base, right upper sternal border ----- (1)

Base, left upper sternal border ----- (2)

Apex ----- (3)

Other, specify ----- (4)

2. Grade:

I - II ----- (1)

III - IV ----- (2)

V - VI ----- (3)

3. Interpretation (check all that apply):

a. Flow murmur ----- (1)

b. Aortic stenosis ----- (1)

c. Mitral regurgitation ----- (1)

d. Pulmonic stenosis ----- (1)

e. Other, specify ----- (1)

B. Insufficiency murmurs present? ----- (1) (2) (3) F2181B
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 81C.

ID No. [] [] [] [] [] []

81. B. (Continued)

1. Murmur of mitral regurgitation present at apex? _____ (1) (2) (3)
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 81B4.

2. Is this murmur pansystolic? _____ (1) (2) (3)
Yes No

3. Grade:
I - II _____ (1)
III - IV _____ (2)
V - VI _____ (3)

4. Murmur of tricuspid insufficiency present? _____ (1) (2) (3)
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 81B7.

5. Does this murmur increase with inspiration? _____ (1) (2) (3)
Yes No Uncertain

6. Grade:
I - II _____ (1)
III - IV _____ (2)
V - VI _____ (3)

7. Is there an early diastolic murmur present at the base? _____ (1) (2) (3)
Yes No Uncertain

If NO or UNCERTAIN, proceed to Item 81C.

8. Grade:
I - II _____ (1)
III - IV _____ (2)
V - VI _____ (3)

81. B. (Continued)

9. Interpretation (check all that apply):
a. Aortic insufficiency _____ (1)
b. Pulmonic insufficiency _____ (1)
c. Other, specify _____ (1)

Yes No Uncertain

- C. Bruit over lungs present? _____ (1) (2) (3)

- D. Presystolic rumble(s) present? _____ (1) (2) (3)

If NO or UNCERTAIN, proceed to Item 82.

1. Interpretation (check all that apply):
a. Tricuspid stenosis _____ (1)
b. Mitral stenosis _____ (1)
c. Flow murmur _____ (1)
d. Other, specify _____ (1)

82. Abdominal examination:

- Yes No
A. Liver enlarged to percussion _____ (1) (2) F2182A
B. Right upper quadrant tenderness _____ (1) (2) F2182B

83. Lower extremity abnormality present _____ (1) (2)

If NO, proceed to Item 83B.

ID No. _____

83. (Continued)

A. Description of findings
 (check all that apply):

Combine right and left

- | | Right | Left | |
|-------------------------|-------|-------|---------|
| 1. Edema ----- | (1) | (1) | F2183A1 |
| 2. Erythema ----- | (1) | (1) | F2183A2 |
| 3. Tenderness ----- | (1) | (1) | F2183A3 |
| 4. Palpable cord ----- | (1) | (1) | F2183A4 |
| 5. Homan's sign ----- | (1) | (1) | F2183A5 |
| 6. Other, specify ----- | (1) | (1) | F2183A6 |

B. Circumference of lower
 extremity 10 cm below
 tibial tuberosity:

1. Right ----- . ----- cm
 2. Left ----- . ----- cm

84. Height and weight:

- A. Height ----- cm HTGRP
 B. Weight ----- kg WTGRP

III E: ELECTROCARDIOGRAMS

85. Current ECG:

- A. Date: -- -- / -- -- / -- --
 Month Day Year
- B. Rate: ----- beats/minute F2185B
- C. Rhythm:

- | | Yes | No | |
|---------------------------------------|-------|-------|---------|
| 1. NSR ----- | (1) | (2) | F2185C1 |
| 2. Atrial fib. ----- | (1) | (2) | F2185C2 |
| 3. APC(s) ----- | (1) | (2) | F2185C3 |
| 4. Atrial flutter ----- | (1) | (2) | F2185C4 |
| 5. PVC(s) ----- | (1) | (2) | F2185C5 |
| 6. Other arrhythmia,
specify ----- | (1) | (2) | F2185C6 |

D. QRS Axis:

1. Sign ----- (1) (2) F2185D1
 + -
 2. Angle ----- ° F2185D2

86. Current ECG reading:

- | | Yes | No | |
|---------------------|-------|-------|--------|
| A. Normal ECG ----- | (1) | (2) | F2186A |

If YES, proceed to Item 87.

- | | | | |
|---|-------|-------|--------|
| B. P Pulmonale ----- | (1) | (2) | F2186B |
| C. Incomplete RBBB ----- | (1) | (2) | F2186C |
| D. Complete RBBB ----- | (1) | (2) | F2186D |
| E. Complete LBBB ----- | (1) | (2) | F2186E |
| F. RVH ----- | (1) | (2) | F2186F |
| G. LVH ----- | (1) | (2) | F2186G |
| H. Low voltage QRS
(frontal) ----- | (1) | (2) | F2186H |
| I. T wave inversion ----- | (1) | (2) | F2186I |
| J. ST elevation ----- | (1) | (2) | F2186J |
| K. ST depression ----- | (1) | (2) | F2186K |
| L. Q waves present ----- | (1) | (2) | F2186L |
| M. Non-specific ST-T
changes present ----- | (1) | (2) | F2186M |
| N. Does this ECG support
a diagnosis of acute
myocardial infarction? -- | (1) | (2) | F2186N |
| O. Does this ECG support
a diagnosis of old
myocardial infarction? -- | (1) | (2) | F2186O |

ID No. | | | | | | | | |

Used to calculate ECGDYS

87. Most recent ECG prior to symptoms:

A. Comparison:

Current ECG and most recent ECG prior to symptoms are (check one):

- Identical _____ (1)
- Different _____ (2)
- No prior ECG available - (3)

IF IDENTICAL or NO PRIOR ECG AVAILABLE, proceed to Item 89.

1. Date of most recent ECG prior to symptoms:

____ - ____ - ____
 Month Day Year

B. Rate:

_____ beats/minute

1. Is rate the only difference between the current ECG and the most recent prior to symptoms? -- (1) (2)
 Yes No

If YES, proceed to Item 89.

C. Rhythm:

- | | Yes | No |
|------------------------------------|-------|-------|
| 1. NSR _____ | (1) | (2) |
| 2. Atrial fib. _____ | (1) | (2) |
| 3. APC(s) _____ | (1) | (2) |
| 4. Atrial flutter _____ | (1) | (2) |
| 5. PVC(s) _____ | (1) | (2) |
| 6. Other arrhythmia, specify _____ | (1) | (2) |

D. QRS Axis:

- 1. Sign _____ (1) (2)
 + -

- 2. Angle _____ °

88. Comparison ECG reading:

- | | Yes | No |
|---------------------|-------|-------|
| A. Normal ECG _____ | (1) | (2) |

If YES, proceed to Item 89.

- | | | |
|---|-------|-------|
| B. P Pulmonale _____ | (1) | (2) |
| C. Incomplete RBBB _____ | (1) | (2) |
| D. Complete RBBB _____ | (1) | (2) |
| E. Complete LBBB _____ | (1) | (2) |
| F. RVH _____ | (1) | (2) |
| G. LVH _____ | (1) | (2) |
| H. Low voltage QRS (frontal) _____ | (1) | (2) |
| I. T wave inversion _____ | (1) | (2) |
| J. ST elevation _____ | (1) | (2) |
| K. ST depression _____ | (1) | (2) |
| L. Q waves present _____ | (1) | (2) |
| M. Non-specific ST-T changes present _____ | (1) | (2) |
| N. Does this ECG support a diagnosis of acute myocardial infarction? -- | (1) | (2) |
| O. Does this ECG support a diagnosis of old myocardial infarction? -- | (1) | (2) |

ID No. _____

89. Chest X ray interpretation
(check all that apply):

A. Normal ----- (1)

If NORMAL, proceed to
Part IV.

B. COPD (hyperinflation) ----- (1)

C. Cardiomegaly ----- (1)

D. Pulmonary vascular
redistribution ----- (1)

E. Infiltrate ----- (1)

If NO INFILTRATE present,
proceed to Item 89F.

1. Infiltrate count:

Single ----- (1)

Multiple ----- (2)

F. Effusion ----- (1)

If NO EFFUSION present,
proceed to Item 89G.

1. Effusion location(s):

Unilateral ----- (1)

Bilateral ----- (2)

G. Atelectasis ----- (1)

If NO ATELECTASIS present,
proceed to Item 89H.

1. Atelectasis location(s):

Unilateral ----- (1)

Bilateral ----- (2)

89. (Continued)

H. Parenchymal mass or nodule ----- (1)

If NO PARENCHYMAL MASS or
NODULE present, proceed to
Item 89I.

1. Parenchymal mass or
nodule location(s):

Single ----- (1)

Multiple ----- (2)

I. Hilar or mediastinal mass ----- (1)

If NO HILAR or MEDIASTINAL
MASS present, proceed to
Item 89J.

1. Hilar or mediastinal mass
location(s):

Unilateral ----- (1)

Bilateral ----- (2)

Central only ----- (3)

J. Bullous disease ----- (1)

If NO BULLOUS DISEASE present,
proceed to Part IV.

1. Bullous count:

Single ----- (1)

Multiple ----- (2)

K. Diffuse interstitial disease ----- (1)

L. Other, specify ----- (1)

ID No. [] [] [] [] [] [] [] [] [] []

PART IV: Laboratory Data.

(Except as noted, all data should be the most recent prior to or immediately after $\dot{V}\dot{V}\dot{Q}$ scan.)

BLOOD GAS ANALYSES

90. Comparison arterial blood gases (most recent prior to onset of symptoms):

A. Availability:

Done _____ (1)
Not done _____ (2)

If NOT DONE, proceed to Item 91.

B. Date and time: _____ - _____ - _____ : _____
Month Day Year 24 hour clock

C. Delivery apparatus and O₂ delivered (complete one line):

- | | |
|-------------------------------------|-------------------------------------|
| (1) | (2) |
| None _____ (01) | Room Air |
| Mask _____ (02) | _____ % O ₂ |
| Tent _____ (03) | _____ % O ₂ |
| Endotracheal tube _____ (04) | _____ % O ₂ |
| Nasal prongs _____ (05) | _____ liters O ₂ /minute |
| Hyperbaric chamber _____ (06) | _____ atmospheres O ₂ |
| Other, specify _____ (07) | _____ |

D. Tensions and activities:

1. pH _____ 2. P_aO₂ _____ mm Hg
3. P_aCO₂ _____ mm Hg

91. Room Air arterial blood gases (after onset of symptoms and before $\dot{V}\dot{V}\dot{Q}$ scan):

A. Availability:

F2191A

Done _____ (1)
Not done _____ (2)

If NOT DONE, proceed to Item 92.

B. Date and time: _____ - _____ - _____ : _____
Month Day Year 24 hour clock

C. Tensions and activities:

1. pH _____ F2191C1
2. P_aO₂ _____ F2191C2 mm Hg
3. P_aCO₂ _____ F2191C3 mm Hg

ID No. _____

92. Closest arterial blood gases to $\dot{V}Q$ scan:

A. Availability:

- Done, not recorded above ----- (1)
Recorded in Item 91 ----- (2)
Not done ----- (3)

If NOT DONE or RECORDED IN ITEM 91, proceed to Item 93.

B. Date and time: _____ - _____ - _____ _____ : _____
 Month Day Year 24 hour clock

C. Delivery apparatus and O₂ delivered (complete one line):

- | (1) | (2) |
|---------------------------------------|-------------------------------------|
| None ----- (01) | Room Air |
| Mask ----- (02) | _____ % O ₂ |
| Tent ----- (03) | _____ % O ₂ |
| Endotracheal tube ----- (04) | _____ % O ₂ |
| Nasal prongs ----- (05) | _____ liters O ₂ /minute |
| Hyperbaric chamber ----- (06) | _____ atmospheres O ₂ |
| Other, specify ----- (07) | _____ |

D. Tensions and activities:

1. pH ----- _____ 2. PaO₂ ----- _____ mm Hg
3. PaCO₂ ----- _____ mm Hg

93. Worst arterial blood gases (lowest PaO₂ since onset of symptoms but before $\dot{V}Q$ scan):

A. Availability:

- Done, not recorded above ----- (1)
Recorded in Item 91 ----- (2)
Recorded in Item 92 ----- (3)
Not done ----- (4)

If NOT DONE or RECORDED IN ITEM 91 or RECORDED IN ITEM 92, proceed to Item 94.

B. Date and time: _____ - _____ - _____ _____ : _____
 Month Day Year 24 hour clock

ID No. _____

Clinical Science Fellow

(If this patient was not seen by a Clinical Science Fellow, proceed to Part VII.)

PART VII: Coordination.

110. Are results of angiography known to you? _____ (1) (2) F21110

111. Are results of $\dot{V}V\dot{Q}$ scan known to you? _____ (1) (2) F21111

*112. Before $\dot{V}V\dot{Q}$ scan results known, the probability of PE in this patient: _____ % F21112

*113. After scan results known, the probability of PE in this patient: _____ % F21113

114. Which of the following clinical options would you choose next if angiography were available only by transporting the patient to another hospital? (Answer each.)

- A. Angiography _____ (1) (2) F21114A
- B. Venography _____ (1) (2) F21114B
- C. Anticoagulation _____ (1) (2) F21114C
- D. Pursue diagnosis other than pulmonary embolism - (1) (2) F21114D
- E. Thrombolytic therapy _____ (1) (2) F21114E
- F. Other, specify _____ (1) (2) F21114F

115. Checked for completeness and accuracy:

A. Certification number: _____

B. Signature: _____

C. Date: _____

____ - ____ - ____
Month Day Year

Retain a copy of this form for your files. Send the original of this form to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

Maryland Medical Research Institute
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