1	VERSION 2.0 (1983) ID # (_!_) (_!_!_) (_!_!_!_) CORRECTED 04-01-83 Ctr. Pat. Acrostic
	>>>>>>>>
->	1. <u>Identification</u> :
->	1) Institution code: (_i_) 2) Patient sequence number (_i_i_)
->	3) Patient acrostic (_ _ _ _ _)
->	Acrostic: First letter of first name, middle name and
-> ->	first 3 letters of last name. If you have questions read the BASELINE MOOP p. 1.1+
->	2. Date (mo/da/yr) patient was first seen (_ _) (_ _) 19 (_ _)
->	3. Date (mo/da/yr) form completed (_!_) (_!_) 19(_!_)
-> ->	4. Date (mo/da/yr) of birth (_;_) (_;_) 19(_;_)
-> ->	5. Age (_1_)
->	6. <u>Sex</u> : (<u>CHECK one</u>) 1) (_) Male 2) (_) Female
-> ->	7. Race: (CHECK one)
-> ->	1) (_) Black 2) (_) White, non-hispanic 3) (_) Hispanic
->	4) (_) Asian _ 5) (_) Other, specify
-> ->	8. Marital status (CHECK one)
-> ->	1) (_) Married 2) (_) Divorced 3) (_) Widowed
-> ->	4) (_) Separated 5) (_) Never married
->	9. Present occupation []
-> ->	10. <u>Height</u> , (<u>) Check units</u> 1) () centimeters 2) () inches
->	11. Weight (_!_!_) Check units: 1) () kilograms 2) () lbs
-> ->	1 12. Please sign below upon completion of the form
->	
->	Completed by Reviewed by
-> -> ->	-> If appropriate please complete a REQUEST FOR REIMBURSEMENT form <- This patient may not be registered if the items and procedures discussed in the PRPPH Winter 1983 Newsletter are incomplete.

Only Report Data Collected Within Z-weeks of Baseline Catheterization

Patient Registry for Primary Pulmonary Hypertension BASELINE REPORTING FORM

IDENTIFICATION AND DEMOGRAPHIC DATA

PRESENT MEDICAL HISTORY

PAST MEDICAL HISTORY

FAMILY HISTORY AND FAMILY SCREENING RESULTS

PHYSICAL EXAMINATION RESULTS

LABORATORY TEST RESULTS

ETIOLOGY - ADDITIONAL INFORMATION ON DEFINED SUBSETS

HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS

COMPLICATIONS ARISING FROM A PROCEDURE OR TEST

INVESTIGATORS PLEASE NOTE:

The baseline form is to be filled out by the investigator or the person designated by the investigator. It is important that the individual completing the form and the person reviewing the form provide their signature in the space indicated.

TIME PERIOD FOR SUBMISSION:

This form is to be completed with all the information collected two(2) weeks <u>prior</u> and two(2) weeks <u>following</u> the <u>catheterization</u> performed by the <u>investigator</u>.

Please Return to:
PRPPH - PROJECT COORDINATOR
UNIVERSITY OF ILLINOIS, CHICAGO
SCHOOL OF PUBLIC HEALTH - WEST
BOX 6998
CHICAGO, IL 60680

ATTN: CHRISTOPHER M. BARKER M.A., M.S.

EPHONE: (312) -996-8860]

11

BASELINE REPORTING FORM PRESENT MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

			04-01		ID #	(_;_) Ctr.	(_!_!_)	(_ _ _ _ _) Acrostic
	1 · Pr	ti	ne chro	symptoms: Enter nological order Asymptomatic	the numbe of appeara	r corre	sponding the symt	om (s).
		2)	(_)	Chest pain				
		3)	(_)	Dyspnea on exe	rtion			
		4)	(_)	Edema, specify	location			
		5)	(_)	Fatigue				
		6)	(_)	Near Syncope				
		7)	(_)	Palpitations				
		8)	(_)	Syncope				
	74	9)	(_)	Other symptoms	, specify			
R	eferri how ma	ng ny	to ques	stion 1 above; a has the <u>FIRST</u>	pproximate symptom be	ly en pres	ent:	
	1) Ye	ars	(_1_)	months (_1_)				
	2) (_) 1	lot app	icable				
	3) (_) (Jnknown					
	3. Fu	net	ional	apacity (New You	k Heart A	ss'n cl	assifica	tion)

4. Is there evidence for Raynaud's phenomenon:

Circle appropriate number I II III (V

1) (_) No 2) (_) Yes

BASELINE REPORTING FORM PRESENT MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

5.	Is	patient	currently	taking	any	medication:
_		the same and the same and the			men and and	

- 1) (_) No
- 2) () Don't know
- 3) (_) Yes, please list generic names and dosages below:

(For drugs with multiple ingredients, use trade name and read MO:

GENERIC DRUG NAME	DOSA PER	GE DAY	UNITS (**)	
1) [_1_1_1_1_1		/		
2) _ _ _ _ _	/	/		
3) _ _ _ _ _	/	/		
4) _ _ _ _ _ _	/	/		
5) _ _ _ _ _ _	/	/		
6) _ _ _ _ _	/	/		
7) _ _ _ _ _ _	/	/		
8) _ _ _ _ _	/	/		
9) _ _ _ _ _	/	/		
10) _ _ _ _ _	/	/		
(**) Please specify uni	ts			

PRESENT MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

6. Diet or drug history

A. For pulmonary hypertension thought to be related to diet or drugs, please give diet or drug quantifying amounts if possible.

	ITEM OF DIET/DRUG	AMOUNT	DURATION SPECIFY YEARS OR MONTHS
1)	[_]	/	/
2)	[_1	/	
3)	[_3	/	

	B. The following space is for additional comments
1)	[_]
2)	[_]
	[_]
4)	[_]

5) [_1______

BASELINE REPORTING FORM PAST MEDICAL HISTORY

Only Report Data Collected Within Z-weeks of Baseline Catheterization

VERSION 2.0 (1983) ID # (_!_) CORRECTED 04-01-83 Ctr	(_1_1_) (_1_1_1_1_) . Pat. Acrostic
1. Was patient ever told he/she had the diagno hypertension? 1) (_) No 2) (_) Don't Know 3) (_) Yes, please give date: 19(_;_)	
2. Prior to the diagnosis of pim. htm. did the eyer have an EKG/Chest X-Ray documented?	patient
EKG Chest X-Ray	
1) No (_) (_)	
2) Don't Know (_) (_)	
3) Yes (_) (_)	
Please complete the following:	
A. Date of Most Recent Normal EKG/CHEST >	(-RAY
1) (_) EKG give date: 1	
2) (_) CHEST X-RAY 1	(9(_1_)
B. Date of First Known Abnormal EKG/CHEST	X-RAY
1) (_) EKG, SPECIFY:	date 19(_1_)
	[_]
2) (_) CHEST X-RAY, SPECIFY:	date 19(_!_)
abnormality	t_1
1	:

BASELINE REPORTING FORM PAST MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

3. To your knowledge, is there any evidence that the patient has ever had any of the following ?

A. Congenital diaphragmatic hernia !	E. Deep vein thrombosis
1) (_) No	1) (_) No
2) (_) Don't Know	2) (_) Don't Know
3) (_) Yes	3) (_) Yes,
B. Congenital heart disease	specify: Date 19(_!_)
1) (_) No	F. Pulmonary emboli
2) (_) Don't Know	1) (_) No
3) (_) Yes,	2) (_) Don't Know
specify: [_]	3) (_) Yes,
	specify: Date 19(_ _)
C. Respiratory distress syndrome las an infant	G. History of Trauma and/or Bone Fracture
1) (_) No	1) (_) No -
2) (_) Don't Know	2) (_) Don't know
3) (_) Yes	3) (_) Yes,
D. Pulmonary disease	specify: Date 19(_!_) Type [_]
1) (_) No	
2) (_) Don't Know !	
3) (_) Yes,	
specify: Date 19(_!_)	
Type [_1	

PAST MEDICAL HISTORY

Only Report Data Collected Within Z-weeks of Baseline Catheterization

4.	Major	operations	?
----	-------	------------	---

- 1) (_) No
- 2) (_) Don't Know
- 3) (_) Yes, list operations and dates:

	OPERATION	D.A	TE 3T
		M0	YR
1)	[_1	(_ _) 19	(_1_)
2)	[_1	(_1_) 19	(_1_)
3)	[_1	(_ _) 19	(_(_)
4)	[_1	(_ _) 19	(_1_)
5)	[_]	(_ _) 19	(_)_)

5. Obstetric history:

- A. Gravida (_!_) Para (_!_) Abortions (_!_)
- B. Years since last pregnancy (_!_) yrs (_!_) months
- C. Is the patient pregnant now? 1) (_) Yes 2) (_) No
- D. List Complications of pregnancy :
- 1) (_) Pre-eclampsia
- 2) (_) Eclampsia
- 3) (_) Other, Specify [_]______

INVESTIGATOR, PLEASE RETAIN YELLOW COPY

PAST MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

≦.	Has	Pat.	ient	шьед	or	al c	ontr	acept	ives?									
	1)	(_)	Ne	ver		2)	(_)	Form	erly		3)	(_)		Curren	tly			
	Α.	Name	e of	prep	arat	ion	and	dura	tion	o f	use	(if	ар	plicab	le)	:		
				PREF	ARAT	TION						100	SI	RATION PECIFY UN11S		0.0		
																		!
		1)	[_3							_	1	(_1	_)	YRS	MO	; 1	9 (_ _)	į
		2)	[_]							_	1	(_;	_)	YRS	мо	1 1	9 (_ _)	
		3)	[_]							_	1	(_1	_)	YRS	MO	1 1	9 (_ (_)	i
																		+
•	Smo	kina 	his	tory:					appl FOR									
Α.	Ci.	garet	tes		1)	(_)	2)	(_)	3)	(_)							i
в.	Ci	gars			1)	(_)	2)	(_)	3)	(_)							1
c.	Pi	pe			1)	(_)	2)	(_)	3)	(_:)							1
D.	Ma	rijua	na		1)	(_)	2)	(_)	3)	(_:)							- 1
E.	Ot	her,	spec	ify	1)	(_)	2)	(_)	3)	(_)								
																		1
	F.	For	cur	rent	/fo	rme	r cis	aret	te us	ers	comp	plet	e 1	he fo	1100	ing	if kn	own:
1)	(_) Cu	rrer	it us	ers				11	2)	(_)	For	mei	user	5			
	D a.	te st	arte	ed (y	ear)	1	9(_ _)	11	1	Date	sta	rti	ed (ye	ar)	19	(_(_)	
Av	era	ge nu	ımber	of	pack	s (_!) / day	y	1	Date	sto	рре	d (ye	ar)	19	(_(_)	
									+1 	Avei	ra.ge	num	ber	of p	acks	. (_	·_·_) /	day
									+									

PAST MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

8.	AI	ti	t	ude	hi	st	or	ÿ

Α.	Has	the	patient	r	es ided	a.t	9.0	altitude	above	2000	ft
	for	any	length o	f	time?						

- 1) (_) No
- 2) (_) yes, please list if known:

			CITY AND STATE (**)			ALTI SPE METERS	CIE	Υ	E1		YEAR OF RESIDE		
1)	E_1				/		m	or	FT	/	19 (_ _	to	19(_)_
2)	t_1				/		M	or	FT	7	19 (_1_	to	19(_1_
3)	E_1				/		M	or	FT	Z	19 (_ _	to	19(_1_
4)	r 1	las vacasas a			1		M	or	FT	1	19 (_1_	to	19(_1_
					NOT U.			 men	 ts	550			
	Ple	lase us	e follo	wing	space f	S.A.) or other tudes gre ry) or ot	21'61	rt	han	2(a.l.)	000 ft Litude	 e x p e	rience
	Ple	lase us	e follo	wing	space f	or other tudes are	21'61	rt	han	20	000 ft Litude	ехре	rience
	Pic res	lase us	e follo	wing	space f	or other tudes are	21'61	rt	han	20	000 ft titude	e x p e	
	Ple res on	ase us parding	e follo time s . above	wing	space f	or other tudes are	21'61	rt	han	20	000 ft titude	е х р е	rience
	Pieres on 1)	part A	e follo time s . above	wing pent (if	space f	or other tudes gre	21'61	rt	han	20	000 ft titude	ехре	rience

BASELINE REPORTING FORM FAMILY HISTORY AND FAMILY SCREENING RESULTS Only Report Data Collected Within 2-weeks of Baseline Catheterization

				member of s, childre		t's immediate
SPECIFY RELATION	LY	OR NI	AGE OR		FOR	CAUSE OF DEATH
1)		()	()	()	() 1 2 3	[_]
2)		(_)	(_1_)		(_) 1 2 3	
3)	1,500	(_)	(_1_)	(_)	(_) 1 2 3	
4)	_	(_)	(_1_)	(_)	(_) 1 2 3	
5)		(_)	(_1_)	(_)	(_) 1 2 3	
6)	_	(_)	(_1_)	(_)	(_) 1 2 3	
7)	_	(_)	(_;_)	(_)	(_) 1 2 3	
8)	_	(_)	(_(_)	(_)	(_) 1 2 3	
9)	_	(_)	(_(_)	(_)	(_) 1 2 3	[_]
10)	_	(_)	(_1_)	(_)	(_) 1 2 3	[_]
			1	1 ecg 2 chest x- 3 physical	193.0%	+

BASELINE REPORTING FORM FAMILY HISTORY AND FAMILY SCREENING RESULTS Only Report Data Collected Within 2-weeks of Baseline Catheterization

2. Referring to question 1 above, list family members you have screened with findings suggestive of pulmonary hypertension:

SPECIFY RELATIONS	- 1	PUL. SUGGEST 1,2 AND (*	ED /0F	BY ₹3	1	ALRE	ADY RE	GISTR		ōŘ
1)		1	2	3	1)	(_)	2)	(_)	3)	(_)
2)		1	2	3	1)	(_)	2)	(_)	3)	(_)
3)		1	2	3	1)	(_)	2)	(_)	3)	(_)
4)	-	1	2	3	1)	(_)	2)	(_)	3)	(_)
5)		1	2	3	1)	(_)	2)	(_)	3)	(_)
6)		1	2	3	1)	(_)	2)	(_)	3)	(_)
7)		1	2	3	1)	(_)	2)	(_)	3)	(_)
8)		1	2	3	1)	(_)	2)	(_)	3)	(_)
9)		1	2	3	1)	(_)	2)	(_)	3)	(_)
10)		1	2	3	1)	(_)	2)	(_)	3)	(_)

* 1 ecg 2 chest x-ray 3 physical exam

BASELINE REPORTING FORM PHYSICAL EXAMINATION RESULTS

Only Report Data Collected Within Z-weeks of Baseline Catheterization

	SION 2.0 (1983)	ID	- 6	(1)	(! !)	(_1_1_1_1_)
CORR	RECTED 04-01-83			ctr.	Pat.	Acrostic

1. Vital signs.

- 1) Heart rate (_ | _ | _) beats/min
- 2) Blood pressure (_!_!_ / _!_!_) mm hg
- 3) Respiration rate (_!_) per minute

2. Chest exam.

A. Abnormal breath sounds:

- 1) (_) No
- 2) (_) Yes, please check the following answer:

		1	RALES		HEEZES	А	BSENT
	Apex	1)	(_)	2)	(_)	3)	(_)
Right	Mid-lung	4)	(_)	5)	(_)	6)	(_)
	Base	7)	(_)		(_)		(_)
	Apex	1)	(_)		(_)		(_)
Left	Mid-lung	4)	(_)	5)	(_)	6)	(_)
	Base	7)	(_)	8)	(_)	9)	(_)

BASELINE REPORTING FORM PHYSICAL EXAMINATION RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

3	Ca	r	d	ï	a	c	e	xai	m

A. Jugular venous pres. (1) cm H20

B. Carotid pulse, check answer

1) (_) Normal 2) (_) Reduced

3) () Other, specify [_1____

C. Left ventricular impulse

1. Location (intercostal space)

1) (_) 4th 2) (_) 5th

3) (_) 6th 4) (_) 7th

2. Character, check answer(s)

1) () Normal 2) () increased:

3) (_) Diffuse

D. Right ventricular impulse

1. Character, check answer(s)

1) () Normal 2) (_) increased:

3) () Diffuse

4) (_) Sustained 5) (_) Dynamic

: E. Is pulmonic closure palpable

(1) (_) No 2) (_) Yes

F. Heart sounds

1. S1 (check)

1) () Normal 2) () Increased

3) () Decreased

2. S2 (check)

| 1) (_) Normal | 2) (_) Increased A2

3) (_) Decreased A2 4) (_) Increased P2

5) (_) Decreased P2 6) (_) Fixed split

7) (_) Paradoxically split

3. S3 (check)

2) (_) Yes 1) (_) No

4) (_) Sustained 5) (_) Dynamic | 3) (_) Right-sided 4) (_) Left-sided

4. S4 (check)

1) (_) No 2) (_) Yes

3) (_) Right-sided 4) (_) Left-sided

BASELINE REPORTING FORM PHYSICAL EXAMINATION RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

3.	Cardiac	Exam.	conti	nued

G. Extra sounds, clicks, rubs, etc. 1) (_) No 2) (_) Yes, Specify _____

H. Murmurs (check if present):

		APEX	13 .	ASE	LEFT	STERNAL EDGE
Systolic ejection	1)	(_/6)	2)	(_/6)	3)	(_/6)
Systolic regurgitation	4)	(_/6)	5)	(_/6)	6)	(_/6)
Diastolic	7)	(_/4)	8)	(_/4)	9)	(_/4)

4. Liver span (_!_) cm

A. Pulsations 1) (_) No 2) (_) Yes

5. Extremities:

A. Peripheral edema 1) (_) No 2) (_) Yes, severity (1-4+)____

B. Cyanosis 1) (_) No 2) (_) Yes

C. Clubbing 1) () No 2) () Yes

Is there any clinical evidence for:

A. Tricuspid regurgitation 1) (_) No 2) (_) Yes

B. Mitral regurgitation 1) (_) No 2) (_) Yes

C. Pulmonic insufficiency

1) (_) No 2) (_) Yes

D. Right-to-left shunting

1) () No 2) (_) Yes

BASELINE REPORTING FORM LABORATORY TEST RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

CORRECTED 04-01-83							_l_l_l_) Acrostic
 Chest X-ray (Please savε cop 	(£5).						
A. Cardiothoracic ratio (_!) %						
>>>>>>>>>>>	>>>>>	>>>>	<<<	<<<<	(((<<<<<<
Laboratory test res	sults I	в.,с.	RUS	st be	ansv	vered	- 1
B. Pulmonary Vasculature:	NOF	BMAL	INC	REASE	Ī	ECREASE	i
1. Main PA	1)	(_)	2)	(_)	3)	(_)	++
l 2. Hilar vessels	1)	()	2)	(_)	3)	()	1
1 3. Mid-lung vessels				WILES.		_	1
	1)			(_)		(_)	1
4. Peripheral vessels	1)	(_)	2)	(_)	3)	(_)	
+	NO.						+
+	NO		YES				+
5. Apical redistribution	1) (_)	2)	(_)			1
6. Pruning	1) (_)	2)	(_)			1
The second secon							1
7. Other, specify:							4
7. Other, specify:						T T T T T T T T T T T	1
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>			<<<<<			 - -
; >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>						
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>					<<<<<<	
: +	>>>>> <<<	>>>>	<<<<		eura		
: +	>>>>> <<< -+< + < < < <	>>>>	1)	D. PI	eura		on .
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff.	>>>>> <<< -+< + < < < < <	>>>>	1)	D. PIG	eura	l effusi	on .
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff. LOCAL DIFFUSE	>>>>> <<< -+< + < < < < <	>>>>	1)	D. Ple (_) No (_) Ye	eura) ;5,	l effusi specify:	on .
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff. LOCAL DIFFUSE 1. Nodular 1) (_) 2) (_)	>>>>> <<< -+< + < < < < <	>>>>	1)	D. Ple (_) No (_) Ye	eura) ;5,	l effusi	on .
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff. LOCAL DIFFUSE 1. Nodular 1) (_) 2) (_)	>>>>>> << -+< + < < < < < < <	>>>>	1)	D. PIG (_) NG (_) YG 1)	eura) ;5, (_	l effusi specify:) Right	on .
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff. LOCAL DIFFUSE . Nodular 1) (_) 2) (_) . Linear 1) (_) 2) (_)	>>>>>> << -+< + < <	>>>>	1)	D. PIG (_) NG (_) YG 1)	eura) ;5, (_	l effusi specify:) Right	on
	>>>>>> << -+< + < < < < < < <	>>>>	1)	D. PIG (_) NG (_) YG 1)	eura) ;5, (_	l effusi specify:) Right	on
C. Lung fields 1) (_) Normal 2) (_) Opacities, specify ff. LOCAL DIFFUSE 1. Nodular 1) (_) 2) (_)	>>>>>> << -+< + < < < < < < <	>>>>	1)	D. PIG (_) NG (_) YG 1)	eura) ;5, (_	l effusi specify:) Right	on

cf. PRPPH Protocol:pp 27+
SEND WHITE COPY TO PROJECT COORDINATOR, DO NOT DETACH PAGES

Patient Registry for Primary Pulmonary Hypertension page 6.1

BASELINE REPORTING FORM LABORATORY TEST RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

2.	Electro	care	liogram					
	Please	see	instruction	booklet.	Please	SAVE	copy.	

A .	Rh	Y	t	h	m
-----	----	---	---	---	---

1) (_) Sinus 2) (_) A-fib 3) (_) A-flutter

4) (_) Other supraventricular

5) (_) Other, please specify _____

B. Rate (ventricular): (_!_!_) beats/minute

C. P-R interval (0._!_) (sec) QRS (0._!_) (sec)

Q-T (0._;_) (sec)

D. QRS axis specify

1) () PLUS (+)

2) () MINUS (-)

3) DEGREES (_!_!_)

E. Maximum height of P wave (_._) mm

Which lead?

F. Right ventricular hypertrophy?

1) (_) No 2) (_) Yes 3) (_) Uncertain

G. Right bundle branch block pattern?

1) (_) No 2) (_) Yes 3) (_) Uncertain

H. Right ventricular strain pattern?

1) (_) No 2) (_) Yes 3) (_) Uncertain

I. S1, S2, S3 pattern?

1) (_) No 2) (_) Yes 3) (_) Uncertain

J. Other abnormalities _____

Univ Report Data Collected Within Zawaka at Da

IA. Hemoglobin (_!)gm%	IE. Platelets
 B. Hematocrit (_ _) X	1
	1) (_) Normal
C. Leukocyte count (_;)/x10 /mm	1
ID. Differential count	: 3) Absolute count
1) Neutrophils (_ _)%	(_!_!_)x10 /mm
2) Lymphocytes (_!_)%	IF. Prothrondin time (sec)
3) Monocytes (_!_)%	1) (_!) sec 2) (_!) CONTROL
4) Eosinophils (_l_) X	G. ESR mm/hr (_!_!_)
5) Basophils (_;_)%	
4. Respiratory function tests (Pleas EVC and FEV1 MUST be reported).	e report volumes in liters). (Values f
A. TLC (_11_)	
-> B. FVC (_!!_) <-	
C. FRC (_!!_) FRC Technique:	1) (_) Dilution 2) (_) Body Box
D. VE (_!!_) FREQ (_!!_)	
-> E. FEV1 (_!!_) <-	
F. FEV3 (_!!_)	
G. FEF 25-75 (_!!_)	
H. DLCO (_!) ml/min/Hg	
1. (_) If corrected please spec	164
2. DLCO Technique	'' y 1
	Vis. 120 (6 20)
	(_) Steady State 3) (_) Rebreathing
I. DLCO/VA (_)	
	>>>>>>>>

BASELINE REPORTING FORM LABORATORY TEST RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization 5. Biochemistry (Please see MOOP).

- A. BUN (_|_|_) mg%
- B. Creatinine (_!_._)mg%
- C. Total bilirubin (_!_._) mg%
- D. Alkaline phosphatase (_l_l_/ _l_l_) mu/ml
- E. SGOT (_!_!_/ _!_!_) mu/m! ...
- F. LDH (_!_!_/_!_!_) mu/m!
- G. 1) (_) No 2) (_) Yes. Please check if a plasma sample was frozen and stored for possible future tests

6. Plasma protein electrophoresis

- 1) Alpha1 (_!_._)g/100 ml
- 2) Alpha2 (_!_._)g/100 ml
- 3) Beta (_!_._) g/100 ml
- 4) Fibrinogen (_!_!_) g/100 ml

- 5) Gamma1 (_i_._)g/100 ml
- 6) Gamma2 (_!_._) g/100 ml
- 7) Globulin (_ i _ . _) g/100 ml
- 8) Serum albumin (_:_._)g/100 ml

7. Antinuclear antibody titre

- 1) (_) Negative 2) (_) Positive (1:_|_|_|_) | Specify Pattern: |_|_____
- A. Rheumatoid Factor
 - 1) (_) Negative 2) (_) Positive (1:_|_|_|_)
- B. LE cells
 - 1) (_) Present 2) (_) Absent 3) (_) Not done

8. Pregnancy test (if appropriate).

1) (_) Negative 2) (_) Positive 3) (_) Not Done

Only Report Data Collected Within 2-weeks of Baseline Catheterization

2. Lung ventilation	/perfusion scan	(please save a copy)	
A. Ventilation S	can		
1) (_) Norm	na.l 2) (_) Abnor	ma. I	-
>>>>>>>>>			,
->		<-	1
->		scan <not done="" th="" then<=""><th>1</th></not>	1
	gram should be p		1
->		ζ-	
-> -> B. Perfusion Sca		<	
-> B. Perfusion Sca ->	n.	\.	
-> 1) (_) Norm	a l	ζ-	
-> 17 (_7 NOTE		¿	
	rmal, please spe		
->	. mary process spe	(-	1
	of defects	(-	1
->		<	1
-> 1)	(_) Single	<-	1
->	1276 NAVA 1270 NA	<-	1
-> 2)	(_) Multiple di	screte-	1
->		<-	1
	(_) Diffuse, pa	tchy <-	1
->		<	1
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	······	<<<<<-	
	C. Probability	of pulmonary embolism	i
1) (_) Hig	h 2) (_) Low 3) (_) Indeterminate	
D. Right-to-left	shunting		1
1) (_) No			
2) (_) Yes			- :
			1
 10. Was (will) an or	en lung biopsy	(be) performed?	
1) (_) No 2	2) (_) Yes, plea	se give date (M/D/Y)	
	(_1_) (_1	_) 19(_(_)	1
If specimens are ava	ailable, nlease	complete a Pathology	1

Transmittal Form and send to the PRPPH Project Pathologist

BASELINE REPORTING FORM LABORATORY TEST RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

11.	Exercise	Test	(Please	See	MOOP)
			the sale and the time are		

The patient should be asked to exercise until the point where they would normally stop and rest.

A. Please check 1) (_) Treadmill 2) (_) Bicycle

Please list exercise protocol used: | : ______

HEART	BLOOD	- 1
RATE	PRESSURE	- 1
(BPM)	(mm Hg)	1

B. Control (standing) 1) (_1_1_) 2) (_1_1_/_1_1_) 1

| C. Maximal exercise attained | 1) (_i_i_) | 2) (_i_i_/_i_i_) |

D. Duration of exercise (_!_)min (_!_) sec

E. Reason for stopping

1) () Breathlessness

2) () Chest pain

3) () Dysrhythmia

4) (_) Fatigue

5) (_) ST depression

6) (_) Syncope

7) (_) Other, specify: ____

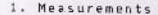
F. Total METS achieved () (_1_) 2) (_) Not Done

1) (_|_||_|) WATTS 2) VOZ |_||_|||| G. Workload

3) () Not Done

12. Echocardiograms (please save copies).

	116					
A.	- 841	-	м		SA.	
	- 114	-	13	ю.	м	=



- 1) LA (_ (_) mm
- 2) Ao (_!_) mm
- 3) LVIDed (_ | _) mm
- 4) LVIDes (_;_) mm
- 5) RVID (_!_) mm
- 6) Septal thickness (_!_) mm
- 7) LVPW thickness (_____) mm

2. Check if present

- 1) (_) Paradoxical septal motion
- 2) (_) Pulmonic valve systolic notching
- 3) (_) Pericardial effusion
- 4) (_) 'B' Hump on tricuspid valve
- 3. Other findings:

B. 2-D study (see MOOP)

- Tricuspid regurgitation by contrast?
 - 1) (_) No 2) (_) Yes 3) (_) Not tested
- 2. Right to Left shunting by contrast?
 - 1) (_) No 2) (_) Yes 3) (_) Not tested
- 3. Other findings: _____

BASELINE REPORTING FORM LABORATORY TEST RESULTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

13.	Specific tests performed in the work-up of	
>>>	<pre>primary pulmonary hypertension. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>></pre>	
	Part A. must be answered to exclude left-right shunt	
->		-
->		(-
->	A. Flease Cherk methodis/ uses to exclose and firms	-
->	Left to Right shunt	-
->	1) () Angiogram	-
->		-
->	2) (_) Hydrogen curve	-
->		-
->	27 17 110104001 011401011	-
->		-
->	TI TI WATER VIT	-
->		-
->		-
>>>	>>>>>>>>>	-
->		-
->	Part B. must be answered it reit. Scall not performed	-
->		
->	b. Was a pullionary anglogical periorises was part of the work of	-
->		-
->	1. () ()	-
->	Part Part of Ave and A	-
->	C. () les biegse dive que inflowing.	7
->		-
->	1/ Dave mo/ / (_ 1 _ / 1 / 1 / 1 _ / _ / _ /	-
->		-
->	Z/ LISC dily develbe ellects	-
->		-
->	*/	-
->		-
->		-
->		-
->		-
>>>	>>>>>>>>	-

BASELINE REPORTING FORM ETIOLOGY - ADDITIONAL INFORMATION ON DEFINED SUBSETS Only Report Data Collected Within Z-weeks of Baseline Catheterization

ID # (_i_) (_i_i_) (_i_i_i_)
Ctr. Pat. Acrostic VERSION 2.0 (1983) CORRECTED 04-01-83

1. Hepatic cirrhosis 1) () No	2. Associated collagen yascular diseases (Please see MOQP).
17 (_7 NO	11 ([15235 355 0550.*
2) (_) Yes,	
(please complete	1) (_) No
the following)	-11-
	() (_) Yes, Please check if any:
A. Complications	;; of the following ;
(e.g. esophageal varices)	diseases are present
1) (_) No	
	1) (_) Dermatomyositis
2) (_) Yes, specify:	- 11
	2) (_) Hashimoto's thyroiditis
[_]	!! 3) (_) Lupus erythematosus
B. Type of cirrhosis	(4) () Mixed connective
(check appropriate answer).	tissue disease
teneck appropriate answers.	
1) (_) Alcoholic	5) (_) Polymyositis
2) (_) Chronic active hepatiti	
3) (_) Postnecrotic cirrhosis	7) (_) Rheumatoid arthritis
4) (_) Primary biliary cirrhos	sisii 8) (_) Scieroderma
5) (_) Hemochromatosis	9) (_) Other vasculitis,
6) (_) Wilson's disease	specify: [_]
7) () Alpha-1-antitrypsin	10) (_) Other immune
deficiency	related diseases,
	11 specify:
8) (_) Biliary tree obstructio	on ii
	1 []

BASELINE REPORTING FORM ETIOLOGY - ADDITIONAL INFORMATION ON DEFINED SUBSETS Only Report Data Collected Within 2-weeks of Baseline Catheterization

<u>+</u>	
3. Other associated illnesses	
[_]	
[]	
[_]	
+	

VERSION 2.0 (1983) CORRECTED 04-01-83	ID f (_ _) (_ _ _) (_ _ _ _) Ctr. Pat. Acrostic
1. Check if you are reporting of from outside your institution:	data acquired
1) (_) No	
2) (_) Yes, date data o	vas recorded outside institution:
mo/da/yr (_i_) (_i_)	(_1_)
DATA COLLECTED OUTSIDE YOUR INS	STITUTION ENTERED ON 'TEST A' ONLY
+	
2. <u>Hemoglobin</u> (_1) 9%	
3. Check method(s) of oxygen content	determination:
1) (_) Don't Know	
2) (_) Co-oximetry	
3) (_) Gas chromatography	
4) (_) Lexicon	
5) (_) pH-PO2 dissociation	curve
7) (_) Van-Slyke	
8) (_) Other, specify	
4. Method of cardiac output determin	ation:
1) (_) Fick 2) (_) Green	dye 3) (_) Thermodilution
5. If second method is used	
1) (_) Fick 2) (_) Green	dye 3) (_) Thermodilution

6. If patient was on chronic drug therapy for the PPH prior to the cath study, please note drug, dose and duration: (please use the 4 letter codes below, for drugs not listed use first 3 letters of drug name preceded by the letter -X-).

	Drug	Dosage (mg/day)	Dur	ation (mos)
1)	1_1_1_1_1_1	/	/	_1_
2)	1_1_1_1_1_1	/	/	_1_
3)	1_1_1_1_1_	/	/	_1_
4)	1_1_1_1_1_	/	/	_1_
5)	1_1_1_1_1	/	/	_1_
6)	1_1_1_1_1_1	/	/	_1_
7)	1_1_1_1_1_1	/	/	_1_
8)	1_1_1_1_1_1	/	/	_1_
9)	1_1_1_1_1_	/	/	_1_

BASELINE REPORTING FORM HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

List of 4 letter abbreviations for vasodilator drugs that have been used in the management of primary pulmonary hypertension

(C A P T) Captopril

(D I A Z) Diazoxide

(H Y D R) Hydralazine

(I S O P) Isoproterenol

(N I F E) Nifedipine

(N T G L) Nitroglycerine

(N T P R) Nitroprusside

(P H X Y) Phenoxybenzamine

(P H E N) Phentolamine

(P R A Z) Prazosin

(PRGI) Prostacycline

(PRGE) Prostaglandin - E

(T E R B) lerbutaline

(T O L A) Tolazoline

(V E R A) Verapamil

(M I N O) Minoxidil

PLEASE SEE INSTRUCTION BOOKLET REGARDING THE PROCEDURES FOR MAKING HEMODYNAMIC MEASUREMENTS.

CONTROL HEMODYNAMICS ABBREVIATIONS

Pra = right atrial pressure (mm Hg)

Ppa = pulmonary artery pressure (mm Hg)

Ppcw = pulmonary capillary wedge pressure (mm Hg)

Psys = systemic arterial pressure (mm Hg)

Qs. = cardiac output (liters/minute)

PaO2 = systemic arterial oxygen tension (mm Hg)

Pacoz= systemic arterial carbon dioxide tension (mm Hg)

SA content = systemic arterial oxygen (ml/dl)

PA content = pulmonary arterial oxygen (ml/dl)

VO2 = Oxygen consumption ml/min

SYS. Art. PH = Systemic Arterial PH

TEST -A- (PANEL I) CONLY DATA FROM OUTSIDE YOUR INST. MAY BE REPORTED HERE]

	The state of the s	(Use Measured Values Only)
USE MILITARY TIME	1 1	
1. DATE (M/D/Y) (_ _) (_ _) 19(_ _)	1 1	1
2. Time drug administered (_!_:_!_)	-> 2) Pra (mean)	1 2 1 1 1 5
3. Time of measurement (_!_:_!_)	-> 3) Ppa (systolic)	3 1-1-1-1 5=
	-> 4) Ppa (diastolic)	4 1_1_1_1 5=
If applicable, specify	-> 5) Ppa (mean)	5 1_1_1_1 ≤=
4. (_) Control	-> 6) Ppcw (mean)	6 <u>1_1_1</u> <u><</u> -
If applicable, specify	-> 7) Psys (systolic)	I 1_1_1_1 <=
5. (_) DRUG TEST (_1	-> 8) Psys (diastolic)	8 1_1_1_1 <=
1) NAME	=2 2) Psys (mean)	2 1_1_1_1 <=
2) DOSE	-> 10) Qs. (method 1)	10 1_11_1 <=
	11) Qs. (method 2)	11 _ _
3) ROUTE _ _ _		12 _ _
If applicable, specify	13) PaCOZ	13 (_(_(_)
. (_) EXERCISE TEST	114) Sys. Art. PH	14 _ _
DURATION _ _ -MIN _ _ -SEC	115) SA content	15 _ _
2) WORK-LOAD	116) PA content	16 _ _
B) WORK-LOAD UNITS _ _ _	117) V02	17 _ _ _
7. Purpose(s) of this study: (Check those which apply)	DCC USE ONLY	
1) (_) Acute drug effectiveness		
2) (_) Chronic drug effectiveness	i e e e e e e e e e e e e e e e e e e e	
3) (_) Control hemodynamics	1	

TEST -A- (PANEL II)

DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY :
	//	
-1	//	
-1	′/	
	is effects from on during procedure.	11. Deleterious effects of drug testing.
. (_) None !		A. (_) None
that ap	neck all loply below l	B. (_) Yes, check all that apply below
1) (_) Arryt	hmia requiring thrpy.	1 1) (_) Allergic reaction
2) (_) Cardi	ac trauma, specify:	2) (_) Bradycardia
		3) (_) Death
3) (_) Death		4) (_) Hypotension requir. thrp:
4) (_) Embol	ic phenomena :	1 5) (_) Oliguria
5) (_) Hypet	ension requir. thrpy.!	6) (_) Other, specify:[_1
6) (_) Other	, specify:[_]!	C. When were effects first noted?
		1 1) (_) During Cath 2) (_) With 1 24 hour
		1 3) () Prior to discharge

TEST -B- (PANEL I)

	18. Measurements (Use Measured
USE MILITARY TIME 1. DATE (M/D/Y) (_ _) (_ _) 19(_!_) 2. Time drug administered (_!_:_!_) 3. Time of measurement (_!_:_!_) If applicable, specify 4. (_) Control If applicable, specify	
15. (_) DRUG TEST (_] 11) NAME _ _ _ _ 12) DOSE _ _ _ _ 13) ROUTE _ _ _ _	12 8 Psys (diastolic) 8
If applicable, specify	
(6. (_) EXERCISE TEST	114) Sys. Art. PH
	115 SA content
T. Purpose(s) of this study: (Check those which apply) 1) (_) Acute drug effectiveness 2) (_) Chronic drug effectiveness 3) (_) Control hemodynamics	DCC USE ONLY

TEST -B- (PANEL II)

DRUG DOSE & ROUTE	
!-!/	
1_1////////	
- /	
10. Deleterious effects from catheterization during procedure.	
A. (_) None !	A. (_) None
B. (_) Yes, check all that apply below	B. (_) Yes, check all that apply below
1) (_) Arrythmia requiring thrpy.	1) (_) Allergic reaction
2) (_) Cardiac trauma, specify:	2) (_) Bradycardia
[_]	3) (_) Death
3) (_) Death	4) (_) Hypotension requir, thrpy.
4) (_) Embolic phenomena	5) (_) Oliguria
5) (_) Hypotension requir. thrpy.	6) (_) Other, specify:[_]
6) (_) Other, specify:[_1	C. When were effects first noted?
	1 1) (_) During Cath Z) (_) Within 24 hours
	i 3) (_) Prior to discharge
8	
2. Use the following space for addit	lonal comments on this test.
-1	
-,	

TEST -C- (PANEL I)

+	8. Measurements	il (Use Measured
USE MILITARY TIME	MANAGEMENT OF THE PROPERTY OF	Values Only)
1. DATE (M/D/Y) (_ _) (_ _) 19(_ _)		
12. Time drug administered (_!_:_!_)	(2) Pra (mean)	1 2 1_1_1
13. Time of measurement (_ _ : _ _)	3) Ppa (systolic)	1 3 1_1_1_1
13. Ilme of measurement (_''_'	4) Ppa (diastolic)	1 4 1_1_1_1 1
If applicable, specify	(5) Ppa (mean)	1 6 1_1_1_1 1
4. (_) Control	6) Pocw (mean)	6 1_1_1
+	7) Psys (systolic)	1 7 1_1_1_1
If applicable, specify	8) Psys (diastolic)	8 1_1_1_1
:5. (_) DRUG IESI [_]	9) Psys (mean)	9 _ _ _
1) NAME	 10) Qs. (method 1)	110 _ _
2) DOSE	 	
(3) ROUTE _ _ _	12) Pa02	12
If applicable, specify	13) PaCO2	13
6. (_) EXERCISE TEST	14) Sys. Art. PH	14 _
1) DURATION _ _ - MIN _ _ _ - SEC	15) SA content	15 _ _ _
(2) WORK-LOAD _ _ _	16) PA content	116 _ _ _
3) WORK-LOAD UNITS _ _ _	17) V02	17 1_1_1_1
7. Purpose(s) of this study: (Check those which apply) 1) (_) Acute drug effectiveness 2) (_) Chronic drug effectiveness 3) (_) Control hemodynamics	DCC USE ONLY	

TEST -C- (PANEL II)

DRUG DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY :
1-1//	
1_1	
1_1////////	100
10. Deleterious effects from catheterization during procedure.	11. Deleterious effects of drug testing.
A. (_) None !	A. (_) None
B. (_) Yes, check all that apply below	B. (_) Yes, check all that apply below
1) (_) Arrythmia requiring thrpy.	1) (_) Allergic reaction
2) (_) Cardiac trauma, specify:	2) (_) Bradycardia
[_]	3) (_) Death
3) (_) Death	4) (_) Hypotension requir. thrpy.
4) (_) Embolic phenomena	5) (_) Oligaria
5) (_) Hypotension requir. thrpy.	6) (_) Other, specify:[_]
6) (_) Other, specify:[_]	C. When were effects first noted?
	1) (_) During Cath 2) (_) Within 24 hours
	3) (_) Prior to discharge
12. Use the following space for additi	opal comparts on this to t
[]	ARET FARMENTS ON FULL TEST.

TEST -D- (PANEL I)

†	8. Measurements	(Use Measured
USE MILITARY TIME		Values Only)
11. DATE (M/D/Y) (_1_) (_1_) 19(_1_)	1) Heart rate	1 1 1_1_1_1
	l 2) Pra (mean) I	11 2 1_1_1
: 3. <u>Time of measurement</u> (_!_:_!_)	1 3) Ppa (systolic) 1	3 _ _
1	l 4) Ppa (diastolic)	11 4 1_1_1_1 1
If applicable, specify	15) Ppa (mean)	11 5 1_1_1_1
14. (_) Control	6) Ppcw (mean)	
If applicable, specify	l 7) Psys (systolic) I	i i 7 1_1_1_1 i
:5. (_) DRUG TEST (_)	l 8) Psys (diastolic) l	11 8 1_1_1_1
: :1) NAME :_!_!_!	l 9) Psys (mean) I	9
12) DOSE	: 10) Qs. (method 1)	10 - -
(3) ROUTE [_1_1_1_1		11 _ _
	12) Pa02	12
If applicable, specify	13) PaCO2	
6. (_) EXERCISE TEST	14) Sys. Art. PH	114 _
1) DURATION _ _ - MIN _ _ - SEC	15) SA content	15 _ _
2) WORK-LOAD _ _ _	16) PA content	16 _ _ _
3) WORK-LOAD UNITS _	17) V02	17 1_1_1_1_1
7. Purpose(s) of this study:	DCC USE ONLY	
(Check those which apply)	i	1
1) (_) Acute drug effectiveness		t -
2) (_) Chronic drug effectiveness		
3) (_) Control hemodynamics	i +	
	+	

TEST -D- (PANEL II)

	TIME (MIN.) PRIOR TO STUDY 1
	1
_1////////	
_ //	
O. Deleterious effects from : atheterization during procedure.	11. Deleterious effects of drug testing.
. (_) None !	A. (_) None
. (_) Yes, check all that apply below	B. (_) Yes, check all that apply below
1) (_) Arrythmia requiring thrpy.	i 1) (_) Allergic reaction
2) (_) Cardiac trauma, specify:	2) (_) Bradycardia
[_]	3) (_) Death
3) (_) Death	4) (_) Hypotension requir. thrp:
4) (_) Embolic phenomena	: : 5) (_) Oligaria
5) (_) Hypotension requir. thrpy.	: 6) (_) Other, specify:[_]
6) (_) Other, specify:[_]	
	C. When were effects first noted?
1	1) (_) During Cath 2) (_) Withi 24 hour
•	3) (_) Prior to discharge

TEST -E- (PANEL I)

+=====================================	+	++
		(Use Measured Values Only)
USE MILITARY TIME	•	
11. DATE (M/D/Y) (_!_) (_!_) 19(_!_)	1	
		2
	(3) Ppa (systolic)	3 _ _
13. Time of measurement (_:_:_!_)	(4) Ppa (diastolic)	1 4 1_1_1_1
If applicable, specify	(5) Ppa (mean)	1 5 1_1_1_1
4. (_) Control	6) Ppcw (mean)	6 1_1_1
	7) Psys (systolic)	1 7 1 1 1 1 1
If applicable, specify	(8) Psys (diastolic)	8 1_1_1_1
15. (_) DRUG IEST (_1	9) Psys (mean)	9 1_1_1_1
1) NAME	1 10) Qs. (method 1)	
2) DOSE _ _ _ _	; (11) Qs. (method 2)	
3) ROUTE _ _ _		
If applicable, specify	 13) PaCO2	
:6. (_) EXERCISE TEST	14) Sys. Art. PH	14 _
1) DURATION _ -MIN _ -SEC	115) SA content	115 _ _
2) WORK-LOAD _ _ _	16) PA content	16 _ -
3) WORK-LOAD UNITS _ _ _	17) V02	17 1_1_1_1_1
	+	
7. Purpose(s) of this study: (Check those which apply)	DCC USE ONLY	
1) (_) Acute drug effectiveness		
2) (_) Chronic drug effectiveness	1	
3) (_) Control hemodynamics		
	-+	

cf. BASELINE MOOP:pp 8.1+ cf. PRPPH Protocol:pp 27+

TEST -E- (PANEL II)

DRUG DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY !
1_1//////	
1_1////////	
1_1///////	
10. Deleterious effects from catheterization during procedure.	11. Deleterious effects of drug testing.
A. (_) None !	A. (_) None
B. (_) Yes, check all that apply below	B. (_) Yes, check all that apply below
1) (_) Arrythmia requiring thrpy.	1) (_) Allergic reaction
2) (_) Cardiac trauma, specify:	2) (_) Bradycardia
[_1	3) (_) Death
3) (_) Death	4) (_) Hypotension requir. thrpy.
4) (_) Embolic phenomena	5) (_) Oliguria
5) (_) Hypotension requir. thrpy.	6) (_) Other, specify:[_]
6) (_) Other, specify:[_]	C. When were effects first noted?
	1) (_) During Cath 2) (_) Within 24 hours
	: ; 3) (_) Prior to discharge
12. Use the following space for addit [_] [_]	ional comments on this test.

TEST -F- (PANEL I)

	8. Measurements	il(Use Measured il Values Only)
1. DATE (M/D/Y) (_1_) (_1_) 19(_1_)	1 11) Heart rate	
2. Time drug administered (_!_:_!_)		2
3. Time of measurement (_!_:_!_)		11 4 1_1_1_1
If applicable, specify	(6) Ppa (mean)	1 5 1_1_1_1
4. (_) Control	(6) Pocw (mean)	116 1_1_1
If applicable, specify 5. (_) DRUG IESI [_]	 8) Psys (diastolic)	11 7 1_1_1_1
1) NAME	1	9 _ _ _ 1 10 _ _ _
2) DOSE _ - _ -	1	
3) ROUTE _ _ _ _	12) Pa02	1112 1_1_1_1
If applicable, specify	113) PaCO2	1113 1_1_1_1
6. (_) EXERCISE TEST	114) Sys. Art. PH	1114 11_1_1
1) DURATION :_!_!_!-MIN :_!_!_!-SEC	115) SA content	1115 1_11_1
2) WORK-LOAD _ _ _ _	(16) PA content	1116 1_11_1
3) WORK-LOAD UNITS _ _ _	117) V02	
7. Purpose(s) of this study: (Check those which apply) 1) (_) Acute drug effectiveness 2) (_) Chronic drug effectiveness	DCC USE ONLY	,
3) (_) Control hemodynamics		

TEST -F- (PANEL II)

DRUG DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY !
1_1//	
1_1//	
_ //////	
10. Deleterious effects from latheterization during procedure.	11. Deleterious effects of drug testing.
A. (_) None :	A. (_) None
B. (_) Yes, check all that apply below	B. (_) Yes, check all that apply below
1) (_) Arrythmia requiring thrpy.	1 1) (_) Allergic reaction
2) (_) Cardiac trauma, specify:	2) (_) Bradycardia
[_1	3) (_) Death
3) (_) Death	4) (_) Hypotension requir. thrpy
4) (_) Embolic phenomena !	5) (_) Oliguria
5) (_) Hypotension requir. throy.	6) (_) Other, specify:[_]
6) (_) Other, specify:[_1	C. When were effects first noted?
	1) (_) During Cath 2) (_) Within 24 hour
	3) (_) Prior to discharge
	1 1) (_) During Cath 2) (_) Wi

TEST -G- (PANEL I)

TEST -G-	(PANEL 1)	
	8. Measurements	(Use Measured Values Only)
	 1) Heart rate	1 1_1_1_1
1. DATE (MZDZY) (_!_) (_!_) 19(_!_)	(2) Pra (mean)	2 1_1_1
2. Time drug administered (_!_:_!_)	: 3) Ppa (systolic)	3 1_1_1_1
3. Time of measurement (_!_:_!_)	(4) Ppa (diastolic)	4 1_1_1_1
If applicable, specify	(5) Ppa (mean)	5 1_1_1_1
4. (_) Control	(6) Pocw (mean)	6 1_1_1
	7) Psys (systolic)	7 1_1_1_1
If applicable, specify	: 8) Psys (diastolic)	8 1_1_1_1
5. (_) DRUG TEST [_]	9) Psys (mean)	9 1_1_1_1
1) NAME	10) Qs. (method 1)	10 _ _ _
2) DOSE _!_!_!	(11) Qs. (method 2)	
3) ROUTE _ _ _	(12) Pa02	
If applicable, specify	113) PaCO2	13
6. (_) EXERCISE TEST	114) Sys. Art. PH	
1) DURATION _ -MIN _ -SEC	115) SA content	115 _ _
2) WORK-LOAD _ _ _	(16) PA content	
3) WORK-LOAD UNITS _ _ _ _	117) V02	117 1_1_1_1_1
	+	
7. Purpose(s) of this study: (Check those which apply)	DCC USE ONLY	
1) (_) Acute drug effectiveness		
2) (_) Chronic drug effectiveness		
3) (_) Control hemodynamics	1	
	-+	

cf. PRPPH Protocol:pp 27+

TEST -G- (PANEL II)

11. Deleterious effects of drug testing.
11. Deleterious effects of drug testing.
11. Deleterious effects of drug testing.
drug testing.
A. (_) None
B. (_) Yes, check all that apply below
1) (_) Allergic reaction
2) (_) Bradycardia
3) (_) Veath
4) (_) Hypotension requir. thrpy.
5) (_) Oliguria
6) (_) Other, specify:[_1
C. When were effects first noted?
1) (_) During Cath 2) (_) Within 24 hours
3) (_) Prior to discharge

TEST -H- (PANEL I)

+===============		·
	18. Measurements	(Use Measured Values Only)
USE MILITARY TIME	 Heart rate	
11. DATE (M/D/Y) (_1_) (_1_) 19(_1_)	1	11
	(2) Pra (mean)	11 2 1_1_1
: 3. Time of measurement (_\:_:_\)	(3) Ppa (systolic)	11 3 1_1_1_1 1
is. Ilme of measurement ((4) Ppa (diastolic)	11 4 1_1_1_1
If applicable, specify	15) Ppa (mean)	11 5 1_1_1_1
4. (_) Control	6) Pocw (mean)	1 6 1_1_1
	7) Psys (systolic)	1 7 1 1 1 1 1
If applicable, specify 	8) Psys (diastolic)	1 8 1_1_1_1
	9) Psys (mean)	1 9 1 1 1 1
11) NAME	; 10) Qs. (method 1)	
12) DOSE	(11) Qs. (method 2)	
3) ROUTE _ _ _	1 (12) Pa02	
If applicable, specify	(13) PaCO2	
6. (_) EXERCISE TEST	114) Sys. Art. PH	
1) DURATION _ _ -MIN _ - -SEC	115) SA content	115 1_11_1
2) WORK-LOAD	(16) PA content	
3) WORK-LOAD UNITS _ _ _	17) VO2	
	+	++
7. Purpose(s) of this study: (Check those which apply)	DCC USE ONLY	
l 1) (_) Acute drug effectiveness	1	
2) (_) Chronic drug effectiveness		
3) (_) Control hemodynamics	ļ	
	-+	

cf. PRPPH Protocol:pp 274

TEST -H- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY			
DRUG DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY !		
1_1////////			
1_1//////			
1_1///////			
10. Deleterious effects from catheterization during procedure.	11. Deleterious effects of drug testing.		
A. (_) None	1 A. (_) None		
B. (_) Yes, check all that apply below	B. (_) Yes, check all in that apply below 1		
1) (_) Arrythmia requiring thrpy.	1 1) (_) Allergic reaction		
2) (_) Cardiac trauma, specify:	(2) (_) Bradycardia		
1_1	(3) (_) Death		
3) (_) Death	(4) (_) Hypotension requir. thrpy.		
4) (_) Embolic phenomena	[5) (_) Oliguria		
5) (_) Hypotension requir. thrpy.	6) (_) Other, specify:[_]		
6) (_) Other, specify:[_]	C. When were effects first noted?		
	1) (_) During Cath 2) (_) Within! 24 hours!		
	3) (_) Prior to discharge 1		
12. Use the following space for addit	ional comments on this test.		
[_]			
[_]			

7. DISCHARGE THERAPY.

Please list below the medical therapy if any, that the patient is being discharged on for treatment of PPH. (Please include anticoagulation, digitalis, diuretics, vasodilators, etc.) Do not include drugs for other illnesses, such as antibiotics, vitamins, etc.)

GENERI DRUG NAM		DATLY DOSAGE	STINU
t) _ _ _ _	1_1/		_/
2) 1_1_1_1_	1_1/		_/
3) - - - -	1_1/		_/
4) 1_1_1_1_	1_1/		_/
5)	1_1/		_/
6)	1_1/		_/
7) 1_1_1_1_	1_1/		_/
8) _ _ _	1_1/		_/

₿.	Assessment of discharge drug therapy:
Α.	Do you feel that current drug therapy has been beneficial to the patient?
	1) (_) No 2) (_) Yes 3) (_) Uncertain
в.	Please list any symptomatic improvements noted:
	1. Reduction in:
	1) (_) Breathlessness
	2) (_) Chest pains
	3) (_) Edema
	4) (_) Fatigue
	5) (_) Palpitations
	6) (_) Syncope/dizzyness
	7) (_) No improvement
	2. Improvement in:
	1) (_) Effort tolerance 2) (_) Lifestyle 3) (_) No improvement
	3. Other:
	[_]
	[_]
-	[_]
	[_]
2.	(_) Date of Hospital Discharge If patient died during this hospital stay, (_) Date of death (Please complete Cause of Death form)
	(M/D/Y) (_1_) (_1_) 19(_1_)

BASELINE REPORTING FORM COMPLICATIONS ARISING FROM A PROCEDURE OR TEST Only Report Data Collected Within 2-weeks of Baseline Catheterization

VERSION 2.0 (1983) CORRECTED 04-01-83	ID # (_ _) (_ _ _) (_ _ _ _) Ctr. Pat. Acrostic
Complete this section for each procedure Additional Sections sho	e in which complications arose. ould be Requested from DCC
1. Type of procedure.	
A. (_) Exercise testing	
B. (_) Lung Biospy	
C. (_) Other test or procedure, specif	fy _ _ _ _ _ _ _ _ _ _ _
2. Date of procedure or test (M/D/Y) :_:	_ _ 19 _
3. Complications Encountered (Check appr	ropriate answers).
A. (_) Cardiac	C. () Infection
1) (_) Arrythmia requiring therapy	
2) (_) Hypotension/shock :	1) (_) Pneumonitis
requiring therapy :	 (_) Wound: requiring antibiotics, surgery or prolonged
3) (_) Pulmonary edema :	hospitalization
4) (_) Right heart failure	
5) (_) Syncope :	3) (_) Other significant infection
B. () Thoracic	D. (_) Other
-	1) (_) Bleeding requiring
 (_) Pneumothorax requiring therap! 	transfusion or surgical intervention
2) (_) Pulmonary embolus	
3) (_) Respiratory failure	2) (_) Renal Failure
	3) (_) Other, specify
	E_3
	[_1
	[-3
4. (_) Estimate number of additional d due to this complication	ays of hospitalization
A. _ _ days	

cf. BASELINE MOOP:pp 9.1+