

BASELINE REPORTING FORM

Only Report Data Collected Within 2-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 prior and two(2) weeks following the catheterization performed by the investigator.

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.

[PHONE: (312)-996-8860]

INVESTIGATOR, PLEASE RETAIN YELLOW COPY

Patient Registry for Primary Pulmonary Hypertension

0398 2

BASELINE REPORTING FORM
PRESENT MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

VERSION 2.0 (1983)
CORRECTED 04-01-83

ID # (_) (_) (_) (_)
Ctr. Pat. Acrostic

1. Predominant symptoms: Enter the number corresponding to the chronological order of appearance of the symptom(s).

- 1) (_) Asymptomatic
- 2) (_) Chest pain
- 3) (_) Dyspnea on exertion
- 4) (_) Edema, specify location _____
- 5) (_) Fatigue
- 6) (_) Near Syncope
- 7) (_) Palpitations
- 8) (_) Syncope
- 9) (_) Other symptoms, specify _____

2. Referring to question 1 above; approximately how many years has the FIRSI symptom been present:

- 1) Years (_) months (_)
- 2) (_) Not applicable
- 3) (_) Unknown

3. Functional capacity (New York Heart Ass'n classification)

Circle appropriate number I II III IV

4. Is there evidence for Raynaud's phenomenon:

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

BASELINE REPORTING FORM
PRESENT MEDICAL HISTORY

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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) [] _____ / _____ / _____		
3) [] _____ / _____ / _____		

B. The following space is for additional comments

- 1) [] _____
- 2) [] _____
- 3) [] _____
- 4) [] _____
- 5) [] _____

BASELINE REPORTING FORM
PAST MEDICAL HISTORY

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VERSION 2.0 (1983)
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ID # (_) (_) (_) (_) (_)
Ctr. Pat. Acrostic

1. Was patient ever told he/she had the diagnosis of pulmonary hypertension?

- 1) () No
2) () Don't Know
3) () Yes, please give date: 19(_)

2. Prior to the diagnosis of plm. htn. did the patient ever have an EKG/Chest X-Ray documented?

- | | EKG | Chest X-Ray |
|---------------|-------|-------------|
| 1) No | (_) | (_) |
| 2) Don't Know | (_) | (_) |
| 3) Yes | (_) | (_) |

Please complete the followings:

A. Date of Most Recent Normal EKG/CHEST X-RAY

- 1) (_) EKG give date: 19(_)
2) (_) CHEST X-RAY 19(_)

B. Date of First Known Abnormal EKG/CHEST X-RAY

- 1) (_) EKG, SPECIFY: date 19(_)
abnormality [_] _____
2) (_) CHEST X-RAY, SPECIFY: date 19(_)
abnormality [_] _____

BASELINE REPORTING FORM
PAST MEDICAL HISTORY

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

A. Congenital diaphragmatic hernia

- 1) No
- 2) Don't Know
- 3) Yes

B. Congenital heart disease

- 1) No
- 2) Don't Know
- 3) Yes,
specify: [] _____

C. Respiratory distress syndrome
as an infant

- 1) No
- 2) Don't Know
- 3) Yes

D. Pulmonary disease

- 1) No
- 2) Don't Know
- 3) Yes,
specify: Date 19(_) (_)
Type [] _____

E. Deep vein thrombosis

- 1) No
- 2) Don't Know
- 3) Yes,
specify: Date 19(_) (_)

F. Pulmonary emboli

- 1) No
- 2) Don't Know
- 3) Yes,
specify: Date 19(_) (_)

G. History of Trauma
and/or Bone Fracture

- 1) No
- 2) Don't know
- 3) Yes,
specify: Date 19(_) (_)
Type [] _____

BASELINE REPORTING FORM
PAST MEDICAL HISTORY

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4. Major operations ?

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

OPERATION	DATE	
	MO	YR
1) <input type="checkbox"/> _____	(<input type="checkbox"/>)	19(<input type="checkbox"/>)
2) <input type="checkbox"/> _____	(<input type="checkbox"/>)	19(<input type="checkbox"/>)
3) <input type="checkbox"/> _____	(<input type="checkbox"/>)	19(<input type="checkbox"/>)
4) <input type="checkbox"/> _____	(<input type="checkbox"/>)	19(<input type="checkbox"/>)
5) <input type="checkbox"/> _____	(<input type="checkbox"/>)	19(<input type="checkbox"/>)

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 [] _____

BASELINE REPORTING FORM
PAST MEDICAL HISTORY

Only Report Data Collected Within 2-weeks of Baseline Catheterization

6. Has patient used oral contraceptives?

1) Never 2) Formerly 3) Currently

A. Name of preparation and duration of use (if applicable):

PREPARATION	DURATION SPECIFY UNITS	YEAR O.C. USE STOPPED
1) <input type="checkbox"/> _____	/ <input type="checkbox"/> <input type="checkbox"/> YRS	MO : 19 <input type="checkbox"/> <input type="checkbox"/>
2) <input type="checkbox"/> _____	/ <input type="checkbox"/> <input type="checkbox"/> YRS	MO : 19 <input type="checkbox"/> <input type="checkbox"/>
3) <input type="checkbox"/> _____	/ <input type="checkbox"/> <input type="checkbox"/> YRS	MO : 19 <input type="checkbox"/> <input type="checkbox"/>

7. Smoking history: (check all that apply)

	NEVER	CURRENT	FORMER
A. Cigarettes	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
B. Cigars	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
C. Pipe	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
D. Marijuana	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
E. Other, specify	1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/> _____
	(<input type="checkbox"/> _____)		

F. For current /former cigarette users complete the following if known:

1) <input type="checkbox"/> Current users	2) <input type="checkbox"/> Former users
Date started (year) 19 <input type="checkbox"/> <input type="checkbox"/>	Date started (year) 19 <input type="checkbox"/> <input type="checkbox"/>
Average number of packs (<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>)/day	Date stopped (year) 19 <input type="checkbox"/> <input type="checkbox"/>
	Average number of packs (<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>)/day

BASELINE REPORTING FORM
PAST MEDICAL HISTORY

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8. Altitude history

A. Has the patient resided at an altitude above 2000 ft
for any length of time?

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

	CITY AND STATE (**)	ALTITUDE: SPECIFY METERS OR FEET	YEARS OF RESIDENCE
1)	<input type="checkbox"/> _____ / _____	M or FT /	19(____) to 19(____)
2)	<input type="checkbox"/> _____ / _____	M or FT /	19(____) to 19(____)
3)	<input type="checkbox"/> _____ / _____	M or FT /	19(____) to 19(____)
4)	<input type="checkbox"/> _____ / _____	M or FT /	19(____) to 19(____)

(**) (Please give country if NOT U.S.A.)

B. Please use following space for other comments
regarding time spent at altitudes greater than 2000 ft
on part A. above (if necessary) or other high altitude experience

1) _____

2) _____

3) _____

4) _____

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

 | VERSION 2.0 (1983) | ID # (_) (_) (_) |
 | CORRECTED 04-01-83 | Ctr. Pat. Acrostic |

1. Please complete for each member of the patient's immediate family (parents, siblings, children):

SPECIFY RELATION	LIVING Y OR N	CURRENT AGE OR AGE AT DEATH	HISTORY OF PUL.HTN. N OR Y	SCREENED FOR PUL.HTN. N OR Y (IF YES CIRCLE 1,2 AND/OR 3) (*)	CAUSE OF DEATH
1) _____	()	(_)	()	() 1 2 3	[_] _____
2) _____	()	(_)	()	() 1 2 3	[_] _____
3) _____	()	(_)	()	() 1 2 3	[_] _____
4) _____	()	(_)	()	() 1 2 3	[_] _____
5) _____	()	(_)	()	() 1 2 3	[_] _____
6) _____	()	(_)	()	() 1 2 3	[_] _____
7) _____	()	(_)	()	() 1 2 3	[_] _____
8) _____	()	(_)	()	() 1 2 3	[_] _____
9) _____	()	(_)	()	() 1 2 3	[_] _____
10) _____	()	(_)	()	() 1 2 3	[_] _____

 | * 1 ecg |
 | 2 chest x-ray |
3 physical exam

BASELINE REPORTING FORM
 FAMILY HISTORY AND FAMILY SCREENING RESULTS

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

SPECIFY RELATIONSHIP	PUL. HTN. SUGGESTED BY			IS RELATIVE ALREADY IN THIS REGISTRY		
	1,2 AND/OR 3	(*)		1=YES	2=NO	3=DON'T KNOW
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

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 | VERSION 2.0 (1983) ID # (_) (_) (_)
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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:

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

BASELINE REPORTING FORM
PHYSICAL EXAMINATION RESULTS

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3. Cardiac exam

A. Jugular

venous pres. () cm H2O

B. Carotid pulse, check answer

- 1) () Normal 2) () Reduced
3) () Other, specify [] _____

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
4) () Sustained 5) () Dynamic

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)

- 1) () No 2) () Yes
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

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3. Cardiac Exam, continued

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

H. Murmurs (check if present):

	APEX	BASE	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

6. 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

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VERSION 2.0 (1983) ID # () () ()
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1. Chest X-ray (Please save copies).

A. Cardiothoracic ratio ()%

Laboratory test results B.,C. must be answered

B. Pulmonary Vasculature:	NORMAL	INCREASE	DECREASE
1. Main PA	1) ()	2) ()	3) ()
2. Hilar vessels	1) ()	2) ()	3) ()
3. Mid-lung vessels	1) ()	2) ()	3) ()
4. Peripheral vessels	1) ()	2) ()	3) ()
	NO	YES	
5. Apical redistribution	1) ()	2) ()	
6. Pruning	1) ()	2) ()	
7. Other, specify: _____			

C. Lung fields	D. Pleural effusion
1) () Normal	1) () No
2) () Opacities, specify ff.	2) () Yes, specify:
LOCAL DIFFUSE	1) () Right
a. Nodular 1) () 2) ()	2) () Left
b. Linear 1) () 2) ()	E. Additional pertinent findings
c. Septal lines 1) () 2) ()	
d. Other, please describe	

BASELINE REPORTING FORM
LABORATORY TEST RESULTS

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2. Electrocardiogram

Please see instruction booklet. Please save copy.

A. Rhythm

- 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 _____

Only Report Data Collected Within 2-weeks of Baseline Catheterization

12. Echocardiograms (please save copies).

A. M-Mode

1. Measurements

- 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)

1. 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
 ETIOLOGY - ADDITIONAL INFORMATION ON DEFINED SUBSETS
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VERSION 2.0 (1983)
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ID # (_) (_) (_)
 Ctr. Pat. Acrostic

1. Hepatic cirrhosis

- 1) No
- 2) Yes,
 (please complete
 the following)

A. Complications
 (e.g. esophageal varices)

- 1) No
- 2) Yes, specify:

B. Type of cirrhosis
 (check appropriate answer).

- 1) Alcoholic
- 2) Chronic active hepatitis
- 3) Postnecrotic cirrhosis
- 4) Primary biliary cirrhosis
- 5) Hemochromatosis
- 6) Wilson's disease
- 7) Alpha-1-antitrypsin
 deficiency
- 8) Biliary tree obstruction

**2. Associated collagen
 vascular diseases**
 (Please see MOQP).

- 1) No
- 2) Yes, Please check if any
 of the following
 diseases are present.

- 1) Dermatomyositis
- 2) Hashimoto's thyroiditis
- 3) Lupus erythematosus
- 4) Mixed connective
 tissue disease
- 5) Polymyositis
- 6) Raynaud's disease
- 7) Rheumatoid arthritis
- 8) Scleroderma
- 9) Other vasculitis,
 specify: _____
- 10) Other immune
 related diseases,
 specify:

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

+ 3. Other associated illnesses
[] -----
[] -----
[] -----
[] -----
+-----

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

VERSION 2.0 (1983)
CORRECTED 04-01-83

ID # (_) (_) (_) (_)
Cir. Pat. Acoustic

1. Check if you are reporting data acquired from outside your institution:

- 1) No
2) Yes, date data was recorded outside institution:
mo/da/yr (_) (_) (_)

DATA COLLECTED OUTSIDE YOUR INSTITUTION ENTERED ON 'TEST A' ONLY

2. Hemoglobin (_) g%

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 determination:

- 1) Fick 2) Green dye 3) Thermodilution

5. If second method is used

- 1) Fick 2) Green dye 3) Thermodilution

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS

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

(C A P I) Captopril	(P R A Z) Prazosin
(D I A Z) Diazoxide	(P R G I) Prostacycline
(H Y D R) Hydralazine	(P R G E) Prostaglandin - E
(I S O P) Isoproterenol	(T E R B) Terbutaline
(N I F E) Nifedipine	(T O L A) Tolazoline
(N I G L) Nitroglycerine	(V E R A) Verapamil
(N I P R) Nitroprusside	(M I N O) Minoxidil
(P H X Y) Phenoxybenzamine	
(P H E N) Phentolamine	

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)
PaCO₂ = 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

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS

Only Report Data Collected Within 2-weeks of Baseline Catheterization

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

		8. Measurements	(Use Measured Values Only)
USE MILITARY TIME			
1. DATE (M/D/Y) () () 19()		1) Heart rate	1
2. Time drug administered (: :)		-> 2) Pra (mean)	2
3. Time of measurement (: :)		-> 3) Ppa (systolic)	3
		-> 4) Ppa (diastolic)	4
	If applicable, specify	-> 5) Ppa (mean)	5
4. () Control		-> 6) Ppcw (mean)	6
	If applicable, specify	-> 7) Psys (systolic)	7
5. () DRUG TEST ()		-> 8) Psys (diastolic)	8
1) NAME		-> 9) Psys (mean)	9
2) DOSE		-> 10) Qs. (method 1)	10
3) ROUTE		11) Qs. (method 2)	11
	If applicable, specify	12) PaO2	12
6. () EXERCISE TEST		13) PaCO2	13
1) DURATION -MIN -SEC		14) Sys. Art. PH	14
2) WORK-LOAD		15) SA content	15
3) WORK-LOAD UNITS		16) PA content	16
		17) VO2	17
7. Purpose(s) of this study: (Check those which apply)		DCC USE ONLY	
1) () Acute drug effectiveness			
2) () Chronic drug effectiveness			
3) () Control hemodynamics			

PROBABLE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
 Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -B- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) () () 19()	1) Heart rate	1
2. Time drug administered (:)	2) Ppa (mean)	2
3. Time of measurement (:)	3) Ppa (systolic)	3
	4) Ppa (diastolic)	4
If applicable, specify	5) Ppa (mean)	5
4. () Control	6) Ppcw (mean)	6
If applicable, specify	7) Psys (systolic)	7
5. () DRUG TEST ()	8) Psys (diastolic)	8
1) NAME	9) Psys (mean)	9
2) DOSE	10) Qs. (method 1)	10
3) ROUTE	11) Qs. (method 2)	11
If applicable, specify	12) PaO2	12
6. () EXERCISE TEST	13) PaCO2	13
1) DURATION -MIN -SEC	14) Sys. Art. PH	14
2) WORK-LOAD	15) SA content	15
3) WORK-LOAD UNITS	16) PA content	16
	17) VO2	17
7. Purpose(s) of this study: (Check those which apply)		
1) () Acute drug effectiveness	DCC USE ONLY	
2) () Chronic drug effectiveness		
3) () Control hemodynamics		

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
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TEST -B- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY.		
DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		

<p>10. <u>Deleterious effects from catheterization during procedure.</u></p> <p>A. <input type="checkbox"/> None ;</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Arrythmia requiring thrapy.</p> <p>2) <input type="checkbox"/> Cardiac trauma, specify: <input type="checkbox"/> _____</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Embolic phenomena</p> <p>5) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>6) <input type="checkbox"/> Other, specify: <input type="checkbox"/> _____</p>	<p>11. <u>Deleterious effects of drug testing.</u></p> <p>A. <input type="checkbox"/> None</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Allergic reaction</p> <p>2) <input type="checkbox"/> Bradycardia</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>5) <input type="checkbox"/> Oliguria</p> <p>6) <input type="checkbox"/> Other, specify: <input type="checkbox"/> _____</p> <p>C. When were effects first noted?</p> <p>1) <input type="checkbox"/> During Cath 2) <input type="checkbox"/> Within 24 hours</p> <p>3) <input type="checkbox"/> Prior to discharge</p>
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12. Use the following space for additional comments on this test.

HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -C- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) () () 19()	1) Heart rate	1
2. Time drug administered (:)	2) Pra (mean)	2
3. Time of measurement (:)	3) Ppa (systolic)	3
	4) Ppa (diastolic)	4
If applicable, specify	5) Ppa (mean)	5
4. () Control	6) Ppcw (mean)	6
If applicable, specify	7) Psys (systolic)	7
5. () DRUG TEST []	8) Psys (diastolic)	8
1) NAME	9) Psys (mean)	9
2) DOSE	10) Qs. (method 1)	10
3) ROUTE	11) Qs. (method 2)	11
If applicable, specify	12) PaO2	12
6. () EXERCISE TEST	13) PaCO2	13
1) DURATION : : -MIN : : -SEC	14) Sys. Art. PH	14
2) WORK-LOAD : :	15) SA content	15
3) WORK-LOAD UNITS : :	16) PA content	16
	17) V02	17
7. Purpose(s) of this study: (Check those which apply)		
1) () Acute drug effectiveness		
2) () Chronic drug effectiveness		
3) () Control hemodynamics		
DCC USE ONLY		

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
 Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -D- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) () () 19()	1) Heart rate	1
2. Time drug administered (:)	2) Pra (mean)	2
3. Time of measurement (:)	3) Ppa (systolic)	3
	4) Ppa (diastolic)	4
If applicable, specify	5) Ppa (mean)	5
4. () Control	6) Ppcw (mean)	6
If applicable, specify	7) Psys (systolic)	7
5. () DRUG TEST ()	8) Psys (diastolic)	8
1) NAME	9) Psys (mean)	9
2) DOSE	10) Qs. (method 1)	10
3) ROUTE	11) Qs. (method 2)	11
If applicable, specify	12) PaO2	12
6. () EXERCISE TEST	13) PaCO2	13
1) DURATION -MIN -SEC	14) Sys. Art. PH	14
2) WORK-LOAD	15) SA content	15
3) WORK-LOAD UNITS	16) PA content	16
	17) VO2	17
7. Purpose(s) of this study: (Check those which apply)		
1) () Acute drug effectiveness		
2) () Chronic drug effectiveness		
3) () Control hemodynamics		
		DCC USE ONLY

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -E- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) () () 19()	1) Heart rate	1
2. Time drug administered (:)	2) Pra (mean)	2
3. Time of measurement (:)	3) Ppa (systolic)	3
	4) Ppa (diastolic)	4
If applicable, specify	5) Ppa (mean)	5
4. () Control	6) Ppcw (mean)	6
	7) Psys (systolic)	7
If applicable, specify	8) Psys (diastolic)	8
5. () DRUG TEST []	9) Psys (mean)	9
1) NAME	10) Qs. (method 1)	10 .
2) DOSE	11) Qs. (method 2)	11 .
3) ROUTE	12) PaO2	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	16 .
3) WORK-LOAD UNITS	17) VO2	17
7. Purpose(s) of this study: (Check those which apply)		DCC USE ONLY
1) () Acute drug effectiveness		
2) () Chronic drug effectiveness		
3) () Control hemodynamics		

BASELINE REPORTING FORM
 HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
 Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -E- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY.

DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY
[] _____ / _____ / _____		
[] _____ / _____ / _____		
[] _____ / _____ / _____		

<p>10. <u>Deleterious effects from catheterization during procedure.</u></p> <p>A. <input type="checkbox"/> None</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Arrhythmia requiring thrapy.</p> <p>2) <input type="checkbox"/> Cardiac trauma, specify: [] _____</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Embolic phenomena</p> <p>5) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>6) <input type="checkbox"/> Other, specify:[] _____</p>	<p>11. <u>Deleterious effects of drug testing.</u></p> <p>A. <input type="checkbox"/> None</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Allergic reaction</p> <p>2) <input type="checkbox"/> Bradycardia</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>5) <input type="checkbox"/> Oliguria</p> <p>6) <input type="checkbox"/> Other, specify:[] _____</p> <p>C. When were effects first noted?</p> <p>1) <input type="checkbox"/> During Cath 2) <input type="checkbox"/> Within 24 hours</p> <p>3) <input type="checkbox"/> Prior to discharge</p>
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12. Use the following space for additional comments on this test.

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BASELINE REPORTING FORM
 HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
 Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -F- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) (_) (_) 19(_)	1) Heart rate	1 _ _ _
2. Time drug administered (_ : _)	2) Pra (mean)	2 _ _
3. Time of measurement (_ : _)	3) Ppa (systolic)	3 _ _ _
	4) Ppa (diastolic)	4 _ _ _
If applicable, specify	5) Ppa (mean)	5 _ _ _
4. (_) Control	6) Ppcw (mean)	6 _ _
If applicable, specify	7) Psys (systolic)	7 _ _ _
5. (_) DRUG TEST [_]	8) Psys (diastolic)	8 _ _ _
1) NAME _ _ _ _	9) Psys (mean)	9 _ _ _
2) DOSE _ _ _ _	10) Qs. (method 1)	10 _ _ . _
3) ROUTE _ _ _ _	11) Qs. (method 2)	11 _ _ . _
If applicable, specify	12) PaO2	12 _ _ _
6. (_) EXERCISE TEST	13) PaCO2	13 _ _ _
1) DURATION _ _ _ -MIN _ _ _ -SEC	14) Sys. Art. PH	14 _ . _ _
2) WORK-LOAD _ _ _ _	15) SA content	15 _ _ . _
3) WORK-LOAD UNITS _ _ _ _	16) PA content	16 _ _ . _
	17) VO2	17 _ _ _ _
7. Purpose(s) of this study: (Check those which apply)	DCC USE ONLY	
1) (_) Acute drug effectiveness		
2) (_) Chronic drug effectiveness		
3) (_) Control hemodynamics		

TEST -F- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY.

DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY

<p>10. Deleterious effects from catheterization during procedure.</p> <p>A. <input type="checkbox"/> None</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Arrhythmia requiring thrapy.</p> <p>2) <input type="checkbox"/> Cardiac trauma, specify: <input type="checkbox"/> _____</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Embolic phenomena</p> <p>5) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>6) <input type="checkbox"/> Other, specify:[<input type="checkbox"/>] _____</p>	<p>11. Deleterious effects of drug testing.</p> <p>A. <input type="checkbox"/> None</p> <p>B. <input type="checkbox"/> Yes, check all that apply below</p> <p>1) <input type="checkbox"/> Allergic reaction</p> <p>2) <input type="checkbox"/> Bradycardia</p> <p>3) <input type="checkbox"/> Death</p> <p>4) <input type="checkbox"/> Hypotension requir. thrapy.</p> <p>5) <input type="checkbox"/> Oliguria</p> <p>6) <input type="checkbox"/> Other, specify:[<input type="checkbox"/>] _____</p> <p>C. When were effects first noted?</p> <p>1) <input type="checkbox"/> During Cath 2) <input type="checkbox"/> Within 24 hours</p> <p>3) <input type="checkbox"/> Prior to discharge</p>
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12. Use the following space for additional comments on this test.

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BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -G- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY.

DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY
[] _____ / _____ / _____		
[] _____ / _____ / _____		
[] _____ / _____ / _____		

<p>10. <u>Deleterious effects from catheterization during procedure.</u></p> <p>A. () None ;</p> <p>B. () Yes, check all that apply below</p> <p>1) () Arrythmia requiring thrapy.</p> <p>2) () Cardiac trauma, specify: [] _____</p> <p>3) () Death</p> <p>4) () Embolic phenomena</p> <p>5) () Hypotension requir. thrapy.</p> <p>6) () Other, specify:[] _____</p>	<p>11. <u>Deleterious effects of drug testing.</u></p> <p>A. () None</p> <p>B. () Yes, check all that apply below</p> <p>1) () Allergic reaction</p> <p>2) () Bradycardia</p> <p>3) () Death</p> <p>4) () Hypotension requir. thrapy.</p> <p>5) () Oliguria</p> <p>6) () Other, specify:[] _____</p> <p>C. When were effects first noted?</p> <p>1) () During Cath 2) () Within 24 hours</p> <p>3) () Prior to discharge</p>
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12. Use the following space for additional comments on this test.

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BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -H- (PANEL I)

	8. Measurements	(Use Measured Values Only)
USE MILITARY TIME		
1. DATE (M/D/Y) () () 19()	1) Heart rate	1
2. Time drug administered (:)	2) Pra (mean)	2
3. Time of measurement (:)	3) Ppa (systolic)	3
	4) Ppa (diastolic)	4
If applicable, specify	5) Ppa (mean)	5
4. () Control	6) Ppcw (mean)	6
If applicable, specify	7) Psys (systolic)	7
5. () DRUG TEST []	8) Psys (diastolic)	8
1) NAME	9) Psys (mean)	9
2) DOSE	10) Qs. (method 1)	10 .
3) ROUTE	11) Qs. (method 2)	11 .
If applicable, specify	12) PaO2	12
6. () EXERCISE TEST	13) PaCO2	13
1) DURATION -MIN -SEC	14) Sys. Art. PH	14 .
2) WORK-LOAD	15) SA content	15 .
3) WORK-LOAD UNITS	16) PA content	16 .
	17) VO2	17
7. Purpose(s) of this study: (Check those which apply)		DCC USE ONLY
1) () Acute drug effectiveness		
2) () Chronic drug effectiveness		
3) () Control hemodynamics		

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

TEST -H- (PANEL II)

9. PREMEDICATION GIVEN FOR CATH STUDY.

DRUG	DOSE & ROUTE	TIME (MIN.) PRIOR TO STUDY
/	/	/
/	/	/
/	/	/

10. Deleterious effects from catheterization during procedure.

A. None

B. Yes, check all that apply below

1) Arrythmia requiring thrapy.

2) Cardiac trauma, specify:

3) Death

4) Embolic phenomena

5) Hypotension requir. thrapy.

6) Other, specify:[] _____

11. Deleterious effects of drug testing.

A. None

B. Yes, check all that apply below

1) Allergic reaction

2) Bradycardia

3) Death

4) Hypotension requir. thrapy.

5) Oliguria

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 additional comments on this test.

[] _____

[] _____

[] _____

BASELINE REPORTING FORM
HEMODYNAMIC DATA AND HEMODYNAMIC MEASUREMENTS
Only Report Data Collected Within 2-weeks of Baseline Catheterization

8. Assessment of discharge drug therapy:

A. Do you feel that current drug therapy has been beneficial to the patient?

- 1) No 2) Yes 3) Uncertain

B. Please list any symptomatic improvements noted:

1. Reduction in:

- 1) Breathlessness
- 2) Chest pains
- 3) Edema
- 4) Fatigue
- 5) Palpitations
- 6) Syncope/dizziness
- 7) No improvement

2. Improvement in:

- 1) Effort tolerance 2) Lifestyle 3) No improvement

3. Other:

- _____
- _____
- _____
- _____

9. Date of Hospital Discharge

If patient died during this hospital stay,

Date of death (Please complete Cause of Death form)

(M/D/Y) (_) (_) 19(_)

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

| VERSION 2.0 (1983) ID # (_) (_) (_)
CORRECTED 04-01-83 Ctr. Pat. Acrostic

Complete this section for each procedure in which complications arose.
Additional Sections should be Requested from DCC

1. Type of procedure.

- A. Exercise testing
- B. Lung Biospy
- C. Other test or procedure, specify _____

2. Date of procedure or test (M/D/Y) ____/____/19____

3. Complications Encountered (Check appropriate answers).

A. Cardiac

- 1) Arrythmia requiring therapy
- 2) Hypotension/shock requiring therapy
- 3) Pulmonary edema
- 4) Right heart failure
- 5) Syncope

B. Thoracic

- 1) Pneumothorax requiring therap
- 2) Pulmonary embolus
- 3) Respiratory failure

C. Infection

- 1) Pneumonitis
- 2) Wound: requiring antibiotics, surgery or prolonged hospitalization
- 3) Other significant infection

D. Other

- 1) Bleeding requiring transfusion or surgical intervention
- 2) Renal Failure
- 3) Other, specify
[] _____
[] _____
[] _____

4. Estimate number of additional days of hospitalization due to this complication

A. ____/____/____ days