I. DEMOGRAPHIC DATA

A. What is your date of birth?  
   __ __ __   -   __ __   -   __ __ __ __  
   mmm dd yyyy

B. What is your sex?  
   Male (1)  
   Female (2)

C. Are you Hispanic or Latino / Latina?  
   Yes (1)  
   No (2)  
   refused (3)

D. Which one of the following categories best describes you?  
   White (1)  
   Black / African American (2)  
   Asian (3)  
   Native Hawaiian or Pacific Islander (4)  
   American Indian or Alaska Native (5)  
   Other (6)  
   refused (7)  
   D1. Specify: ____________________________________________

E. What is the highest level of education you have completed?  
   Less than grade 9 (1)  
   Grade 9 – 11 (no degree) (2)  
   GED (3)  
   HS diploma (4)  
   Some college or technical school (5)  
   College or university degree (6)  
   refused (7)
F. What is your current employment status?  
*(Choose only one.)*  
- Employed for wages full-time (1)  
- Disabled (10)  
- Employed for wages part-time (2)  
- Homemaker (3)  
- Full-time student (4)  
- Self-employed (5)  
- Retired (6)  
- refused (7)  
- Out of work for less than 1 year (8)  
- Out of work for 1 year or more (9)  

G. When employed, what kind of work do you perform?  
*(Choose only one.)*  
- Professional (needs a degree) (1)  
- Skilled labor (needs specialized training – ex. Plumber, police, etc.) (2)  
- Unskilled labor (does not require a specific degree or training) (3)  
- Other (4)  
- Don’t know / not sure (5)  
- refused (7)  
- G1. specify: ____________________________

H. What is your marital status?  
- Married (1)  
- Divorced (2)  
- Widowed (3)  
- Separated (4)  
- Never been married (5)  
- Member of unmarried couple (6)  
- refused (7)  

I. How many people do you share income with in your household (including any children)?  

**number**

J. What is your annual household income from all sources?  

- Less than $10,000 (1)  
- $10,001 to $15,000 (2)  
- $15,001 to $20,000 (3)  
- $20,001 to $25,000 (4)  
- $25,001 to $35,000 (5)  
- $35,001 to $50,000 (6)  
- Over $50,000 (7)  
- Don’t Know / Not Sure (8)  
- refused (9)
K. Which of the following best describes your current living arrangement? 
(Choose only one.)

Home is owned or being bought by you or someone else living in the home. (1)

Home is rented by you or someone else living in the home. (2)

You currently live in the home without payment or cash rent. (3)

Homeless (4)

II. ADMINISTRATIVE MATTERS

A. General Comments: ____________________________________________
   ____________________________________________

B. Form completed by: ____________________________________________
   signature

C. Date form completed: ___ ___ ___ - ___ ___ - 2 0 ___ ___
   mmm dd yyyy

D. Lung HIV Staff No.: ___ ___ ___ - ___ ___ ___
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV) 

DIAGNOSIS FORM

DATE OF ABSTRACTION _____ - ___ - ______ (visit date) 

mmm - dd - yyyy

I. INFECTIOUS DISEASES

1. Has the participant been diagnosed with any of the following infectious diseases since their last study visit?

- Bacterial pneumonia
- Mycobacterium tuberculosis pneumonia
- Pneumocystis jirovecii pneumonia
- Other pneumonia

Yes (1) 
No (Skip to Section II) (2)

If ‘No’, skip to section II.

A. BACTERIAL PNEUMONIA (BP)

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<thead>
<tr>
<th>a. Strength of confirmation (Choose only one)</th>
<th>b. Verification method (Choose only one)</th>
<th>c. Date of diagnosis</th>
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<td>Medical record ¹ (1)</td>
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<td>MD contact (2)</td>
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<td>ICD 9 diagnosis (3)</td>
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<tr>
<td>Possible **** (see note below) (4)</td>
<td>Patient report (4)</td>
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</tr>
<tr>
<td>Suspected ***** (see note below) (5)</td>
<td>Other (5)</td>
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</table>

b.f. specify: ______________

unknown □

* Confirmed BP: Microbiologic confirmation: Culture of a likely bacterial pathogen from: (1) blood; (2) Adequate sputum specimen (as defined by Gram stain) in relatively pure culture or as a predominant microorganism; (3) protected brush specimen in a concentration of > 10³ cfu/ml; (4) BAL specimen in a concentration of 10³ cfu/ml; (5) pleural fluid.

** Presumed BP: Empiric treatment of BP WITHOUT microscopic confirmation (as above), WITH response to BP therapy, AND WITHOUT alternative pulmonary diagnoses or pneumonia treatment.

*** Probable BP: (1) Empiric treatment of BP WITHOUT microscopic confirmation (as above) BUT WITH alternative pulmonary diagnoses or pneumonia treatment or (2) ICD 9 diagnosis WITHOUT above.

**** Possible BP: Patient report, WITHOUT above.

***** Suspected BP: Patient death on empiric treatment, WITHOUT above.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.
B. **MYCOBACTERIUM TUBERCULOSIS PNEUMONIA (MTP)**

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<tr>
<td>Suspected ***** (see note below)</td>
<td>Other (5)</td>
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</table>

* Confirmed TB: **Microbiologic confirmation**: Culture of Mycobacterium tuberculosis from lung derived specimens, blood, or extrapulmonary site.

** Presumed TB: **Empiric treatment of TB WITHOUT microbiologic confirmation (as above), WITH one or more positive acid fast smears (Ziehl-Neelsen and/or auramine-rhodamine) from sputum or an extrapulmonary site without a positive culture OR WITH pathological evidence of granulomas and caseous necrosis from biopsy, WITH response to TB therapy (marked reduction in the severity of fever, pulmonary signs and symptoms, weight loss and/or lymphadenopathy or improvement in radiographic abnormalities), AND WITHOUT alternative pulmonary diagnoses or pneumonia treatment.

*** Probable TB: (1) **Empiric treatment of TB WITHOUT microbiologic confirmation or microscopic or histologic/pathologic findings (as above) BUT WITH alternative pulmonary diagnoses or pneumonia treatment or (2) ICD 9 diagnosis WITHOUT above.

**** Possible TB: **Patient report, WITHOUT above.

***** Suspected TB: **Patient death on empiric treatment, WITHOUT above.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.

C. **PNEUMOCYSTIS JIROVECII PNEUMONIA (PCP)**

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<td>Suspected ***** (see note below)</td>
<td>Other (5)</td>
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</table>

* Confirmed PCP: **Microscopic confirmation**: visualization of Pneumocystis cysts and/or trophic forms on microscopic examination of lung derived specimens (e.g., induced sputum, BAL, lung tissue).

** Presumed PCP: **Empiric treatment of PCP WITHOUT microscopic confirmation (as above), WITH response to PCP therapy, AND WITHOUT alternative pulmonary diagnoses or pneumonia treatment.

*** Probable PCP: (1) **Empiric treatment of PCP WITHOUT microscopic confirmation (as above) BUT WITH alternative pulmonary diagnoses or pneumonia treatment or (2) ICD 9 diagnosis WITHOUT above.

**** Suspected PCP: **Patient death on empiric treatment, WITHOUT above.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.
D. OTHER PNEUMONIA #1: SPECIFY ____________________

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<th>a. Strength of confirmation</th>
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<td>Patient report (4)</td>
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<tr>
<td>Suspected ***** <em>(see note below)</em> (5)</td>
<td>Other (5)</td>
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<td>b1. specify:</td>
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</table>

Follow the same general guidelines as for BP, TB, and PCP.

* Confirmed: Serologic (e.g., Histoplasma urine antigen), microscopic, or culture confirmation.
** Presumed: Response to empiric pneumonia therapy, WITHOUT alternative pulmonary diagnoses or pneumonia treatment, and WITHOUT above confirmation.
*** Probable: More than one pneumonia therapy or ICD-9 diagnosis, WITHOUT above confirmation.
**** Possible: Patient report, WITHOUT above confirmation.
***** Suspected: Patient death on empiric treatment, WITHOUT above confirmation.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.

E. OTHER PNEUMONIA #2: SPECIFY ____________________

<table>
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<td>Suspected ***** <em>(see note below)</em> (5)</td>
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</table>

Follow the same general guidelines as for BP, TB, and PCP.

* Confirmed: Serologic (e.g., Histoplasma urine antigen), microscopic, or culture confirmation.
** Presumed: Response to empiric pneumonia therapy, WITHOUT alternative pulmonary diagnoses or pneumonia treatment, and WITHOUT above confirmation.
*** Probable: More than one pneumonia therapy or ICD-9 diagnosis, WITHOUT above confirmation.
**** Possible: Patient report, WITHOUT above confirmation.
***** Suspected: Patient death on empiric treatment, WITHOUT above confirmation.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.
II. NON-INFECTIONOUS DISEASES

1. Has the participant been diagnosed with any of the following non-infectious diseases since their last study visit?

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Lung cancer
- Pulmonary arterial hypertension (PAH)
- Sarcoidosis
- Other non-infectious condition

Yes (1)  No (2)

If ‘No’, skip to section III.

A. ASTHMA

<table>
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<tr>
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<td>b1. specify:</td>
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<td>unknown</td>
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</table>

* Confirmed asthma: (1) Reversible airflow obstruction (increase in post-bronchodilator FEV1 or FVC >200mL or >12% after initiation of controller medication – either on single PFT or serial spirometry) or (2) positive methacholine challenge.

** Presumed asthma: Treatment for asthma alone, WITHOUT above confirmation; atopy/eczema supportive.

*** Probable asthma: (1) Treatment for asthma AND another cardiopulmonary condition, WITHOUT above confirmation or (2) ICD-9 diagnosis, WITHOUT above confirmation.

**** Possible asthma: Patient report, WITHOUT above confirmation.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.
## B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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<thead>
<tr>
<th>a. Strength of confirmation</th>
<th>b. Verification method</th>
<th>c. Date of diagnosis</th>
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</table>
| Confirmed* *(see note below)* (1)      | Medical record  
1 (1)                | unknown □                 |
| Presumed ** *(see note below)* (2)     | MD contact (2)               | mmm - dd - yyyy      |
| Probable *** *(see note below)* (3)    | ICD 9 diagnosis (3)          |                      |
| Possible **** *(see note below)* (4)  | Patient report (4)           |                      |
|                                        | Other (5)                    |                      |
|                                        | b1. specify:                 |                      |

* Confirmed COPD: Irreversible or partially reversible airflow obstruction (post-bronchodilator 
FEV1/FVC<70% +/- decreased DLco, see GOLD guidelines).
** Presumed COPD: Treatment for COPD alone, WITHOUT above confirmation.
*** Probable COPD: (1) Treatment for COPD AND another cardiopulmonary condition, WITHOUT above confirmation 
or (2) ICD-9 diagnosis, WITHOUT above confirmation.
**** Possible COPD: Patient report, WITHOUT above confirmation.
1 Medical record – Hospital discharge summary or note; clinic note, etc.

## C. LUNG CANCER

(Categorized into non-small cell, small cell, lymphoma, metastatic disease and others)

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<th>a. Strength of confirmation</th>
<th>b. Verification method</th>
<th>c. Date of diagnosis</th>
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</table>
| Confirmed* *(see note below)* (1)   | Medical record  
1 (1)                | unknown □                 |
| Presumed ** *(see note below)* (2)  | MD contact (2)               | mmm - dd - yyyy      |
| Probable *** *(see note below)* (3) | ICD 9 diagnosis (3)          |                      |
| Possible **** *(see note below)* (4)| Patient report (4)           |                      |
|                                    | Other (5)                    |                      |
|                                    | b1. specify:                 |                      |

* Confirmed cancer: Pathology demonstrating bronchogenic carcinoma.
** Presumed cancer: Medical record or MD contact, WITHOUT above.
*** Probable cancer: ICD-9 diagnosis, WITHOUT above.
**** Possible cancer: Patient report, WITHOUT above.
1 Medical record – Hospital discharge summary or note; clinic note, etc.
### D. PULMONARY ARTERIAL HYPERTENSION (PAH)

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<td>Other (5)</td>
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<td>b1. specify:</td>
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</table>

- **Confirmed:** Right heart catheterization demonstrating mean pulmonary artery pressure >25 mm Hg in the absence of left heart disease (PCWP <15).
- **Presumed:** Echocardiogram with pulmonary arterial hypertension in the absence of left heart disease, WITHOUT above.
- **Probable:** ICD-9 diagnosis, WITHOUT above.
- **Possible:** Patient report, WITHOUT above.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.

### E. SARCOIDOSIS

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</table>

- **Confirmed sarcoid:** Tissue diagnosis with non-caseating granulomas and negative cultures from lung tissue or extrapulmonary site.
- **Presumed sarcoid:** Medical record or MD contact, WITHOUT above.
- **Probable sarcoid:** ICD-9 diagnosis, WITHOUT above.
- **Possible sarcoid:** Patient report, WITHOUT above.

¹ Medical record – Hospital discharge summary or note; clinic note, etc.
F. OTHER NON-INFECTIONOUS CONDITION: **SPECIFY** ______________

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Follow the same general guidelines as for asthma, COPD, lung cancer, pulmonary arterial hypertension, and sarcoidosis.

* Confirmed: Definitive diagnosis.
** Presumed: Medical record or MD contact, WITHOUT above.
*** Probable: ICD-9 diagnosis, WITHOUT above.
**** Possible: Patient report, WITHOUT above.
1 Medical record – Hospital discharge summary or note; clinic note, etc.

III. ADMINISTRATIVE MATTERS

A. General comments: ________________________________________________________________
   ________________________________________________________________

B. Form completed by: ________________________________ signature

C. Date form completed: __ mmm - __ dd - 2 __ 0 yyyy __

D. Lung HIV staff no.: __ __ __ - __ __ __
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)

LABORATORY ABSTRACTION FORM

I. VISIT DATE

A. Date of Lung HIV visit: __________ - _______ - ________ ________
   mmm  dd  yyyy

II. HIV-1 RNA PCR RESULTS

A. Were any quantitative HIV-1 RNA PCR results recorded in the patient’s medical record since the last follow-up visit?

   Yes (1)
   No (skip to Section III) (2)
   Medical records not obtainable (skip to Section III) (3)

**Record the quantitative HIV-1 RNA PCR result closest to this study visit date.**

B. Date of result: __________ - _______ - ________ ________
   mmm  dd  yyyy

C. Test name / Manufacturer / Method (Check only one.)

   Amplicor-Roche-PCR (1)
   NucleSens-Organon-NASBA (2)
   Quantiplex-Bayer-b-DNA (3)
   Digene-Hybrid-Capture (4)
   Other, c1. specify: __________________________________________ (5)
   Not available (6)

D. Results:

   Available (1)
   Above ul (2)
   Below ul (3)
   Not available (4)

1. Raw copies/ml __________ (1) N/A
III. CD SUBSETS

A. Were any CD Subset (flow cytometry) results recorded in the patient’s medical record since the last visit?

Yes (1)  
No (skip to Section IV) (2)  
Medical records not obtainable (skip to Section IV) (3)

Record the CD Subset result closest to this study visit date.

1. Date of result: __________m _______d _______yyyyy

2. CD4 percent: _______  

3. CD4 absolute count (per mm$^3$): _______  

4. CD8 percent: _______  

5. CD8 absolute count (per mm$^3$): _______  

IV. COMPLETE BLOOD COUNT (CBC)

A. Was a CBC done since last visit? (1)  
If Yes answer item B. If No or Not Applicable skip to Section V

B. Were any CBC with differential results recorded in the patient’s medical record since the last follow-up visit?

Yes (1)  
No (skip to Section V) (2)  
Medical records not obtainable (skip to Section V) (3)

Record the CBC result closest to this study visit date (first result)

C. Date: __________m _______d _______yyyyy

D. Type of count: Automated (1)  
Check all that apply: Automated, ‘flagged’ (1)  
Manual (1)  
Differential (1)  
Differential not done (1)
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<th></th>
<th>b. Not reported</th>
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<td><strong>D1.</strong> WBC (10³/mm³ or µl)</td>
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<td>per mm³</td>
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<tr>
<td><strong>D2.</strong> Hgb (gm/dl)</td>
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<tr>
<td><strong>D3.</strong> HCT (%)</td>
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<td></td>
<td>%</td>
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<td><strong>D4.</strong> MCV (µ³ or µm³)</td>
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<td><strong>D5.</strong> Platelet count (10³/mm³ or µl)</td>
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<td><strong>D6.</strong> Neutrophils (% or per mm³)</td>
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<td></td>
<td>%  per mm³</td>
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<tr>
<td><strong>D7.</strong> Lymphocytes (% or per mm³)</td>
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<td>%  per mm³</td>
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**V. BLOOD CHEMISTRY**

A. Were blood chemistries done since last visit? ........................................... (1) (2) (3)

If Yes, answer item B. If No or Not Applicable skip to Section V.

B. Were any blood chemistry results recorded in the patient’s medical record since the patient’s last visit?

Yes (1)  
No (skip to Section VI) (2)

_record the blood chemistry results closest to this study visit date._

C. Date:   -   -   yyyy
<table>
<thead>
<tr>
<th>Subject ID</th>
<th>Letter Code</th>
<th>Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Not reported

<table>
<thead>
<tr>
<th>C1.</th>
<th>Lactic acid (mg/dl)</th>
<th>___ · ___</th>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2.</td>
<td>Serum bilirubin (mg/dl)</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td></td>
<td>a. Total</td>
<td>___ · ___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Direct</td>
<td>___ · ___</td>
<td></td>
</tr>
<tr>
<td>C3.</td>
<td>Creatinine (mg/dl)</td>
<td>___ · ___</td>
<td>(1)</td>
</tr>
<tr>
<td>C4.</td>
<td>AST (IU/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C5.</td>
<td>ALT (IU/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C6.</td>
<td>Amylase (IU/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C7.</td>
<td>Lipase (IU/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C8.</td>
<td>Prothrombin time (PT)</td>
<td>___ · ___</td>
<td>(1)</td>
</tr>
<tr>
<td>C9.</td>
<td>Partial thromboplastin</td>
<td>___ · ___</td>
<td>(1)</td>
</tr>
<tr>
<td>C10.</td>
<td>Sodium (mEq/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C11.</td>
<td>Potassium (mEq/L)</td>
<td>___ · ___</td>
<td>(1)</td>
</tr>
<tr>
<td>C12.</td>
<td>Chloride (mEq/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
<tr>
<td>C13.</td>
<td>CO₂ (mEq/L)</td>
<td>___</td>
<td>(1)</td>
</tr>
</tbody>
</table>

VI. ADMINISTRATIVE MATTERS

A. General comments: 

B. Form completed by: ________________________________ signature 

C. Date form completed: __ __ __ - __ __ __ - 2 0 __ __  ___

D. Lung HIV staff no.: __ __ __ - __ __ __
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)

PULMONARY FUNCTION TESTING (PFT)

I. DEMOGRAPHIC INFORMATION

A. Height: ___ ___ ___ . ___ (inches)
   1. Height is measured by:
      Standing height (1)
      Arm span (2)

B. Weight: ___ ___ ___ (kilograms)

C. With which primary race or ethnicity does the patient identify?
   (Check only one)
   - White (Caucasian) (1)
   - Hispanic (2)
   - African-American (3)
   - Asian or Pacific Islander (4)
   - Other or none of the above (5)
   - Unknown / undetermined (6)

D. Does the patient identify with more than one race or ethnicity?
   - Yes (1)
   - No (2)

II. SPIROMETRY

A. Date of spirometry: ___ ___ - ___ - 2 - 0 ___ ___
   Not done (1)

If spirometry ‘Not done’, skip to Section III.
B. Pre-bronchodilator spirometry:

Not done (skip to D) (1 )
Performed in conformance with Lung HIV (ATS standard) requirements (2 )
Not in conformance with Lung HIV (ATS standards), but results are clinically interpretable (3 )
Results not interpretable (4 )

C. Pre-bronchodilator:

Not done

1. FEV₁  
2. FVC  
3. FEV₆  
4. PEFR  
5. Vext  
6. FET₁₀₀%  
7. FEF₂₅₋₇₅  

D. Post-bronchodilator:

1. Post-bronchodilator spirometry:

Not done (skip to Section III) (1 )
Performed in conformance with Lung HIV (ATS standard) requirements (2 )
Not in conformance with Lung HIV (ATS standards), but results are clinically interpretable (3 )
Results not interpretable (4 )

2. Bronchodilator:

Albuterol (1 )
Other (2 )
Unknown (3 )

3. Number of puffs: _________ Unknown (1 )

Not done

1. FEV₁  
2. FVC  
3. FEV₆  
4. PEFR  
5. Vext  
6. FET₁₀₀%  
7. FEF₂₅₋₇₅  
III. LUNG VOLUME

A. Lung volume:
   Not done (skip to Section IV)  
   Performed in conformance with Lung HIV (ATS standard) requirements  
   Not in conformance with Lung HIV (ATS standards), but results are clinically interpretable  
   Results not interpretable  

B. Date lung volume performed:  
   mmm - dd - yyyy  

C. Technique:  
   Plethysmography   Helium dilution   Nitrogen washout  

D. TLC  
   Not done  

E. Maximum SVC  

F. RV  

G. Mean FRC  

H. Raw-insp  

I. sGaw-insp  

IV. DIFFUSING CAPACITY

A. $D_{LCO}$:  
   Not done (skip to Section V)  
   Performed in conformance with Lung HIV (ATS standard) requirements  
   Not in conformance with Lung HIV (ATS standards), but results are clinically interpretable  
   Results not interpretable  

B. Date $D_{LCO}$ performed:  
   mmm - dd - yyyy  

C. Mean $D_{LCO}$  
   (uncorrected for hemoglobin)  

D. Hemoglobin  

E. $V_1$  

F. $V_{ALV}$  

G. Carboxyhemoglobin  

H. Exhaled carbon monoxide  

PPM (parts per million)  

1
V. ADMINISTRATIVE MATTERS

A. General comments: ________________________________
   ________________________________

B. Form completed by: ________________________________
   Signature

C. Date form completed: ___ ___ - ___ ___ - ___ ___
   mmm  dd  yyyy

D. Lung HIV staff no.:  __  __  __  -  __  __  __
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)

BRONCHOALVEOLAR LAVAGE FORM

I. PROCEDURE PERFORMANCE

A. Date of BAL: 

___ ___ ___ - ___ ___ - ___ ___ ___ ___ 

mmm dd yyyy

B. Indication for BAL:

Research only (1)
Suspected pneumonia (2)
Other (3)

C1. Area Lavaged (check all that apply)

<table>
<thead>
<tr>
<th>Area Lavaged</th>
<th>Volume of Fluid Instilled</th>
<th>Volume Instilled Unknown</th>
<th>Volume of Fluid Withdrawn</th>
<th>Volume Withdrawn Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right upper lobe</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
<tr>
<td>Right middle lobe</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
<tr>
<td>Right lower lobe</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
<tr>
<td>Left upper lobe</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
<tr>
<td>Lingula</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
<tr>
<td>Left lower lobe</td>
<td>___ ___ ___ mL</td>
<td>___</td>
<td>___ ___ mL</td>
<td>___ ___ mL</td>
</tr>
</tbody>
</table>

II. STORAGE INFORMATION

A. Buffer used for storing/lysing cells:

PBS with 1% Triton X-100 (1)
Other (2)
Unknown (3)

B. Time from BAL collection to cell storage:

___ ___ ___ min

C. Number of cell-free supernatant 1mL aliquots for repository from this BAL:

___ ___ ___

D. Number of pellets for repository from this BAL:

___ ___ ___

E. Estimate of cell count:

___ ___ ___ x10⁶

F. Storage temperature (-80° C recommended)

___ ___ ___ °C

G. Specimen ID (from kit):
III. ADMINISTRATIVE MATTERS

A. General comments:

B. Form completed by: ____________________________
   signature

C. Date form completed: __ __ __ - __ __ - 2 0 __ __

   mmm   dd   yyyy

D. Lung HIV staff no.: __ __ __ - __ __ __
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG-HIV)

MISSED VISIT FORM

INSTRUCTIONS: THIS FORM IS COMPLETED WHENEVER A LUNG HIV STUDY VISIT IS MISSED

I. MISSED VISIT

A. Date of end of ideal window for missed visit:
   ___ ___ - ___ ___ - ___ ___ ___ ___
   mmm dd yyyy

B. Reason for missed visit / appointment(s) (Check all that apply):
   Unknown / unable to contact subject □
   Transportation problems □
   Too much time required □
   Family / home problems □
   No longer wishes to participate □
   Partner objects to participation □
   Fear of study procedures □
   Worries about confidentiality □
   Hospitalized □
   Illness of subject □
   Conflict with other studies and/or study visits □
   Illness of family member □
   Weather □
   Didn’t feel like coming in □
   In prison □
   Change in location □
   Medically contraindicated □
   Relocated □
   Other (specify):
   B1. specify: _______________________________
II. ADMINISTRATIVE MATTERS

A. General comments: 

________________________________________________________________________
________________________________________________________________________

B. Form completed by: 

________________________________________________________________________

signature

C. Date form completed: 

___ ___ ___ - ___ ___ - 2 0 ___ ___

mmm dd yyyy

D. Lung HIV staff no.: 

___ ___ ___ - ___ ___ ___
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)

DEACTIVATION FORM

I. PATIENT DEACTIVATION

A. Date of deactivation: ________________
   ___________ _- ___________ _- ___________ _
   mm  dd  yyyy

B. Reason for deactivation: (Choose only one)
   Subject is dead (1)
   Subject is unwilling to participate (2)
   Lost to follow up (3)
   Screen failure (4)
   Subject removed from study at discretion of investigator (5)
   Other (6)

B1. specify: ________________________________________________

II. ADMINISTRATIVE MATTERS

A. General comments: __________________________________________
   __________________________________________

B. Form completed by: __________________________________________
   signature

C. Date form completed: ________________
   ___________ _- ___________ _- ___________ _
   mm  dd  yyyy

D. Lung HIV staff no.: ________________
I. Report of Death

A. Date of death

__ Month __ - __ Day __ - 20__ Year ___

B. Primary cause of death?

_________________________________________________________________________________

C. Source of information: (Choose only one)
   Autopsy (1)
   Pathology Report (2)
   Clinical Records (3)
   Contact with Physician (4)
   Information from Friends or Relatives (5)
   Death Certificate (6)
   Other Source (7)
   C1. specify: ____________________________________________________________

D. Was an autopsy performed?
   Yes (1)
   No (2)
   Unknown (3)

E. Was a death certificate obtained?
   Yes (1)
   No (2)

F. Were there any AIDS-related conditions not already listed as primary or contributing causes of death?
   Yes (1)
   No (2)
   Unknown (3)
II. ADMINISTRATIVE MATTERS

A. General Comments: ____________________________________________________________

____________________________________________________________________________

B. Form completed by: ____________________________________________________________

signature

C. Date form completed: ___ ___ ___ - ___ ___ - ___ 0 ___ ___  ___

mmm dd yyyy

D. Lung HIV Staff No.: ___ ___ ___ - ___ ___ ___
LONGITUDINAL STUDIES OF HIV-ASSOCIATED LUNG INFECTIONS & COMPLICATIONS (LUNG HIV)

SERIOUS ADVERSE EVENT FORM

I. ADVERSE EVENT (AE) INFORMATION

1. A. Onset date: ___ ___ ___ - ___ ___ - ___ ___ ___  
   B. Onset time: ___ : ___ 

2. A. End Date: ___ ___ ___ - ___ ___ - ___ ___ ___ 
   B. End Time: ___ : ___ 

3. AE Description

If this is a serious adverse event, please provide a summary (see Item 10 below).

4. Body system(s) affected: Yes No
   A. Neurological (1) (2)
   B. Cardiovascular (1) (2)
   C. Reticuloendothelial (1) (2)
   D. Pulmonary (1) (2)
   E. Digestive (1) (2)
   F. Musculoskeletal (1) (2)
   G. Immunology (1) (2)
   H. Skin (1) (2)
   I. Urogenital (1) (2)
   J. ENT (1) (2)
   K. Metabolic (1) (2)
   L. Nutritional (1) (2)
   M. Endocrine (1) (2)
   N. Other: (1) (2)
   Na. Specify

5. Was this an expected Adverse Event?:
   Expected (1)
   Not expected (2)

6. Outcome:
   Resolved (1)
   Ongoing (2)
   Died (3)
7. Severity of event:
   Mild (1)
   Moderate (2)
   Severe (3)
   Life threatening (4)
   Fatal (5)

8. Relationship to Lung HIV Protocol:
   Unrelated (clearly not related to the research) (1)
   Unlikely (doubtfully related to the research) (2)
   Possible (may be related to the research) (3)
   Probable (likely related to the research) (4)
   Definite (clearly related to the research) (5)

9. Was this an expected Adverse Event?:
   Expected (1)
   Not expected (2)

9a. If Yes, Why serious?:
   Results in death (1)
   Is life-threatening (2)
   Requires inpatient hospitalization or prolongation of existing hospitalization (3)
   Results in persistent or significant disability/incapacity (4)
   Is a congenital anomaly/birth defect (5)
   Other (6)
   If ‘Other”, Specify: ________________________________

10. Detailed summary of event (required for SAEs):
    ________________________________
    ________________________________

II. ADMINISTRATIVE MATTERS

A. General comments: __________________________________________
   ________________________________

B. Form completed by: ________________________________
   signature

C. Date form completed: ___ mmm ___ - ___ dd ___ - 200 ___ yyyy ___

D. Lung HIV staff no.: ___ ___ ___ - ___ ___ ___