

Subject ID				-			
Letter Code					Visit		

**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)

a. Strength of confirmation (<i>Choose only one</i>)	b. Verification method (<i>Choose only one</i>)	c. Date of diagnosis
Confirmed* (<i>see note below</i>) (1)	Medical record ¹ (1)	_____ - ____ - _____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed ** (<i>see note below</i>) (2)	MD contact (2)	
Probable *** (<i>see note below</i>) (3)	ICD 9 diagnosis (3)	
Possible **** (<i>see note below</i>) (4)	Patient report (4)	
Suspected ***** (<i>see note below</i>) (5)	Other (5)	
	b1. <i>specify:</i> _____	

* 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.

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

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B. MYCOBACTERIUM TUBERCULOSIS PNEUMONIA (MTP)

a. Strength of confirmation (Choose only one)	b. Verification method (Choose only one)	c. Date of diagnosis
Confirmed* (see note below) (1)	Medical record ¹ (1)	____ - ____ - ____ mmm - dd - yyyy unknown <input type="checkbox"/>
Presumed ** (see note below) (2)	MD contact (2)	
Probable *** (see note below) (3)	ICD 9 diagnosis (3)	
Possible **** (see note below) (4)	Patient report (4)	
Suspected ***** (see note below) (5)	Other (5) b1. specify: _____	

* 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-Neelson 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)

a. Strength of confirmation (Choose only one)	b. Verification method (Choose only one)	c. Date of diagnosis
Confirmed* (see note below) (1)	Medical record ¹ (1)	____ - ____ - ____ mmm - dd - yyyy unknown <input type="checkbox"/>
Presumed ** (see note below) (2)	MD contact (2)	
Probable *** (see note below) (3)	ICD 9 diagnosis (3)	
Possible **** (see note below) (4)	Patient report (4)	
Suspected ***** (see note below) (5)	Other (5) b1. specify: _____	

* 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.

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D. OTHER PNEUMONIA #1: SPECIFY _____

a. Strength of confirmation (Choose only one)		b. Verification method (Choose only one)		c. Date of diagnosis
Confirmed* (see note below)	(1)	Medical record ¹	(1)	____ - ____ - ____ mmm - dd - yyyy
Presumed ** (see note below)	(2)	MD contact	(2)	
Probable *** (see note below)	(3)	ICD 9 diagnosis	(3)	
Possible **** (see note below)	(4)	Patient report	(4)	
Suspected ***** (see note below)	(5)	Other	(5)	
		b1. specify: _____		unknown <input type="checkbox"/>

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 _____

a. Strength of confirmation (Choose only one)		b. Verification method (Choose only one)		c. Date of diagnosis
Confirmed* (see note below)	(1)	Medical record ¹	(1)	____ - ____ - ____ mmm - dd - yyyy
Presumed ** (see note below)	(2)	MD contact	(2)	
Probable *** (see note below)	(3)	ICD 9 diagnosis	(3)	
Possible **** (see note below)	(4)	Patient report	(4)	
Suspected ***** (see note below)	(5)	Other	(5)	
		b1. specify: _____		unknown (1)

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..

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II. NON-INFECTIOUS 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

a. Strength of confirmation <i>(Choose only one)</i>	b. Verification method <i>(Choose only one)</i>	c. Date of diagnosis
Confirmed* <i>(see note below)</i> (1)	Medical record ¹ (1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed ** <i>(see note below)</i> (2)	MD contact (2)	
Probable *** <i>(see note below)</i> (3)	ICD 9 diagnosis (3)	
Possible **** <i>(see note below)</i> (4)	Patient report (4)	
	Other (5)	
	b1. <i>specify:</i> _____	

* 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.

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B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

a. Strength of confirmation (Choose only one)	b. Verification method (Choose only one)	c. Date of diagnosis
Confirmed* (see note below) (1)	Medical record ¹ (1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed ** (see note below) (2)	MD contact (2)	
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)

a. Strength of confirmation (Choose only one)	b. Verification method (Choose only one)	c. Date of diagnosis
Confirmed* (see note below) (1)	Medical record ¹ (1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed ** (see note below) (2)	MD contact (2)	
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.

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D. PULMONARY ARTERIAL HYPERTENSION (PAH)

a. Strength of confirmation (Choose only one)		b. Verification method (Choose only one)		c. Date of diagnosis
Confirmed* (see note below)	(1)	Medical record ¹	(1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed** (see note below)	(2)	MD contact	(2)	
Probable*** (see note below)	(3)	ICD 9 diagnosis	(3)	
Possible**** (see note below)	(4)	Patient report	(4)	
		Other	(5)	
		b1. specify: _____		

* 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

a. Strength of confirmation (Choose only one)		b. Verification method (Choose only one)		c. Date of diagnosis
Confirmed* (see note below)	(1)	Medical record ¹	(1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed** (see note below)	(2)	MD contact	(2)	
Probable*** (see note below)	(3)	ICD 9 diagnosis	(3)	
Possible**** (see note below)	(4)	Patient report	(4)	
		Other	(5)	
		b1. specify: _____		

* 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.

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F. OTHER NON-INFECTIOUS CONDITION: SPECIFY _____

a. Strength of confirmation (Choose only one)		b. Verification method (Choose only one)		c. Date of diagnosis
Confirmed* (see note below)	(1)	Medical record ¹	(1)	____ - ____ - ____ <i>mmm - dd - yyyy</i> unknown <input type="checkbox"/>
Presumed** (see note below)	(2)	MD contact	(2)	
Probable*** (see note below)	(3)	ICD 9 diagnosis	(3)	
Possible**** (see note below)	(4)	Patient report	(4)	
		Other	(5)	
		b1. specify: _____		

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: ____ - ____ - 2 0 ____
mmm dd yyyy

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