

DIAGNOSIS FORM

Fri Jul 01 10:10:56 EDT 2011

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Date of Abstraction: VISIT_DT

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

INFECT_DIAGNOSED

If 'No', skip to Section II.

A. BACTERIAL PNEUMONIA (BP)

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

BP_STRENG_CONFIR	BP_VERIF_METHOD	BP_DIAGNOSIS_DT
	BP_VERIF_METHOD_SP	BP_DIAGNOSIS_DT_UN

* 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.

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B. MYCOBACTERIUM TUBERCULOSIS PNEUMONIA (TB)

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

TB_STRENG_CONFIR	TB_VERIF_METHOD	TB_DIAGNOSIS_DT
	TB_VERIF_METHOD_SP	TB_DIAGNOSIS_DT_UN

* 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 JIROVECI PNEUMONIA (PCP)

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

PCP_STRENG_CONFIR	PCP_VERIF_METHOD	PCP_DIAGNOSIS_DT
	PCP_VERIF_METHOD_SP	PCP_DIAGNOSIS_DT_UN

* Confirmed PCP: Microbiologic 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

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

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

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

Lung HIV Study (LHIV)

Form
000_004
Revision 0

DIAGNOSIS FORM

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D. OTHER PNEUMONIA #1: SPECIFY

OTHER_PNEUMONIA_1

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

OPN1_STRENG_CONFIR	OPN1_VERIF_METHOD	OPN1_DIAGNOSIS_DT
	OPN1_VERIF_METHOD_S P	OPN1_DIAGNOSIS_DT_UN

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

OTHER_PNEUMONIA_2

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

OPN2_STRENG_CONFIR	OPN2_VERIF_METHOD	OPN2_DIAGNOSIS_DT
	OPN2_VERIF_METHOD_S P	OPN2_DIAGNOSIS_DT_UN

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

NON_INFECT_DIAGNOSE D

If 'NO', skip to Section III.

A. ASTHMA

a. Strength of Confirmation

b. Verification Method

c. Date of Diagnosis

(choose only one)

(choose only one)

ASTHMA_STRENG_CONFIR	ASTHMA_VERIF_METHOD	ASTHMA_DIAGNOSIS_DT
	ASTHMA_VERIF_ME_SP	ASTHMA_DIAG_DT_UN

* 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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Form
000_004
Revision 0

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B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

a. Strength of Confirmation

b. Verification Method

c. Date of Diagnosis

(choose only one)

(choose only one)

COPD_STRENG_CONFIR	COPD_VERIF_METHOD	COPD_DIAGNOSIS_DT
	COPD_VERIF_METHOD_S P	COPD_DIAGNOSIS_DT_U N

* 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

b. Verification Method

c. Date of Diagnosis

(choose only one)

(choose only one)

LC_STRENG_CONFIR	LC_VERIF_METHOD	LC_DIAGNOSIS_DT
	LC_VERIF_METHOD_SP	LC_DIAGNOSIS_DT_UN

* 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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000_004
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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

PAH_STRENG_CONFIR	PAH_VERIF_METHOD	PAH_DIAGNOSIS_DT
	PAH_VERIF_METHOD_SP	PAH_DIAGNOSIS_DT_UN

* 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

SARC_STRENG_CONFIR	SARC_VERIF_METHOD	SARC_DIAGNOSIS_DT
	SARC_VERIF_METHOD_S P	SARC_DIAGNOSIS_DT_UN

* 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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Form
000_004
Revision 0

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---------------------	------------------------	------------------

F. OTHER NON-INFECTIOUS CONDITION: SPECIFY

OTHER_NON_INFECT_SP

a. Strength of Confirmation
(choose only one)

b. Verification Method
(choose only one)

c. Date of Diagnosis

ONI_STRENG_CONFIR	ONI_VERIF_METHOD	ONI_DIAGNOSIS_DT
	ONI_VERIF_METHOD_SP	ONI_DIAGNOSIS_DT_UN

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
- C. Date form completed
- D. Lung HIV Staff No.

GEN_CMNT
CERT_SIG
COMPL_DT
CERT_NO