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

PULMONARY FUNCTION TESTING

I. DEMOGRAPHIC INFORMATION

- A. Height ____ . ____ inches
 - 1. Height is measured by:
 - Standing Height (1)
 - Arm Span (2)

- B. Weight ____ pounds

- C. With which primary race or ethnicity does the patient identify?

(Check only one)

 - White (Caucasian) (1)
 - Hispanic (2)
 - African-American (whether Hispanic or not) (3)
 - Asian or Pacific Islander (4)
 - Other or none of the above (5)
 - Unknown/undermined (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 ____ (1)
 Month Day Year Not Done

If spirometry 'Not Done', skip to Section III.

- B. Pre-Bronchodilator Spirometry
 - Not Done (1)
 - Performed in conformance with Lung HIV requirements (2)
 - Not in conformance with Lung HIV, but results are clinically interpretable (3)
 - Results not interpretable (4)

If pre-bronchodilator spirometry 'Not Done', skip to D.

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C. Pre-Bronchodilator

- 1. FEV₁ ____ . ____ ____ L Not Done
- 2. FVC ____ . ____ L Not Done
- 3. FEV₆ ____ . ____ L Not Done
- 4. PEFR ____ . ____ ____ L/Second Not Done
- 5. Vext ____ . ____ ____ L Not Done
- 6. FET_{100%} ____ . ____ ____ Second Not Done
- 7. FEF₂₅₋₇₅ ____ . ____ ____ Not Done

D. Post-Bronchodilator

- 1. Post-Bronchodilator Spirometry
 - Not Done (1)
 - Performed in conformance with Lung HIV requirements (2)
 - Not in conformance with Lung HIV, but results are clinically interpretable (3)
 - Results not interpretable (4)

If post-bronchodilator spirometry 'Not Done', skip to Part III.

- 2. Bronchodilator
 - Albuterol (1)
 - Other (2)
 - Unknown (3)
- 3. Number of Puffs ____ Not Done
- 4. FEV₁ ____ . ____ ____ L Not Done
- 5. FVC ____ . ____ L Not Done
- 6. FEV₆ ____ . ____ L Not Done
- 7. PEFR ____ . ____ ____ L/Second Not Done
- 8. Vext ____ . ____ ____ L Not Done
- 9. FET_{100%} ____ . ____ ____ Second Not Done
- 10. FEF₂₅₋₇₅ ____ . ____ ____ Not Done

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V. ADMINISTRATIVE MATTERS

A. General Comments _____

B. Research Coordinator
1. Signature _____

2. Lung HIV Staff No. ____ - ____ - ____

C. Date form completed ____ - ____ - 2/0 ____
Month Day Year