

Subject ID					-				
Letter Code						Visit			

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

PULMONARY FUNCTION TESTING (PFT)

I. DEMOGRAPHIC INFORMATION

A. Height: _____ (1) inches
_____ (2) centimeters

1. Height is measured by:

Standing height (1)
Arm span (2)

B. Weight: _____ (1) pounds
_____ (2) kilograms

Item C and Item D (below) are to be asked of study participants at the baseline visit only. On subsequent visits, Lung HIV Clinical Site staff members will complete Item C and Item D using the patient's responses from the baseline visit. (Please refer to the Form 000-006 QxQ guideline.)

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: _____ - _____ - 20____ Not done
mmm dd yyyy (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. FEV ₁	_____	_____	·	_____	L (1)
2. FVC	_____	_____	·	_____	L (1)
3. FEV ₆	_____	_____	·	_____	L (1)
4. PEFR	_____	_____	·	_____	L/second (1)
5. Vext	_____	_____	·	_____	L (1)
6. FET _{100%}	_____	_____	·	_____	second (1)
7. FEF ₂₅₋₇₅	_____	_____	·	_____	L/second (1)

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. FEV ₁	_____	_____	·	_____	L (1)
2. FVC	_____	_____	·	_____	L (1)
3. FEV ₆	_____	_____	·	_____	L (1)
4. PEFR	_____	_____	·	_____	L/second (1)
5. Vext	_____	_____	·	_____	L (1)
6. FET _{100%}	_____	_____	·	_____	second (1)
7. FEF ₂₅₋₇₅	_____	_____	·	_____	L/second (1)

III. LUNG VOLUME

- A. Lung volume:
- Not done (*skip to Section IV*) (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)
- Not done
- B. Date lung volume performed: _____ - _____ - _____ (1)
mmm *dd* *yyyy*
- C. Technique:
- | | Plethysmography
(1) | Helium dilution
(2) | |
|--|------------------------|------------------------|-------------------------|
| | | | Nitrogen washout
(3) |
- Not done
- D. TLC _____ . _____ L (1)
- E. Maximum SVC _____ . _____ L (1)
- F. RV _____ . _____ L (1)
- G. Mean FRC _____ . _____ L (1)
- H. Raw-insp _____ . _____ *cm H₂O/Liters/Sec* (1)
- I. sGaw-insp _____ . _____ *L/cm H₂O/Sec/Liter* (1)

IV. DIFFUSING CAPACITY

- A. D_Lco:
- Not done (*skip to Section V*) (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)
- Not done
- B. Date D_Lco performed: _____ - _____ - _____ (1)
mmm *dd* *yyyy*
- Not done
- C. Mean D_Lco (uncorrected for hemoglobin) _____ . _____ *mL/min/mmHg* (1)
- D. Hemoglobin _____ . _____ *g/dL* (1)
- E. V₁ _____ . _____ *L* (1)
- F. V_{ALV} _____ . _____ *L* (1)
- G. Carboxyhemoglobin _____ . _____ % (1)
- 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.: ___ - ___ - ___