PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
CLINICAL SCIENCE ENTRY FORM

Clinic No.						
ID No.						
Form Type	C	E	0	1		

PART I: Identifying Information.

1. Patient's NAME CODE:

   ___ ___ ___ ___ ___

2. Study entry:

   Used to calculate E21DYS

   A. Date: -- ___ ___ - ___ ___ - ___ ___
   Month Day Year

   B. Time: ---------- ___ ___ : ___ ___
   24 hr clock

3. Hospital medical record number:

   _____

4. Date of birth:

   Used to calculate AGEGRP

   ___ ___ - ___ ___ - ___ ___
   Month Day Year

5. Sex of patient F215 ---------- (1) (2)
   Male Female

6. Personnel responsible for completing this form:

   A. Clinical Science Fellow

      1. Certification Number:

         ___ ___ - ___ ___

      2. Signature:

         _____

   B. Clinical Scientist

      1. Certification Number:

         ___ ___ - ___ ___

      2. Signature:

         _____

   C. Clinical Coordinator

      1. Certification Number:

         ___ ___ - ___ ___

      2. Signature:

         _____

INSTRUCTIONS

Items marked with an asterisk (*), may be coded with "8"s to indicate not available.

PART II: Hospitalization Information.

7. Date and time of admission to hospital (or arrival at emergency room or office if completed on out-patient visit):

   A. Date: ___ ___ - ___ ___ - ___ ___
   Month Day Year

   *B. Time: ---------- ___ ___ : ___ ___
   24 hr clock

8. Admitting diagnoses:

   A. Diagnoses:

   _____

   _____

   _____

   _____

   B. Admitting ICD-9 codes:

   (primary) 1. ___ ___ ___ ___ . ___

   2. ___ ___ ___ ___ . ___

   3. ___ ___ ___ ___ . ___

   4. ___ ___ ___ ___ . ___

Used to calculate LOCATION

9. Patient location:

   A. Service (Check all that apply):

   1. Medical service ---------- (1)

   2. Surgical service ---------- (1)

   > If this patient is not on a surgical service, proceed to Item 9A3.

   a. Surgical speciality (check one):
   F219A2A
   Cardiothoracic ------ (01)
   General ---------- (02)
   Neurosurgical ------- (03)
   Obstetrics-Gynecology ---------- (04)
   Orthopedics --------- (05)
   Urology ---------- (06)
   Other, specify ------ (07)

   _____

   3. Emergency room ---------- (1)

   4. Other out-patient --------- (1)

   5. Other, specify ---------- (1)

   _____

9. (Continued)

   B. ICU: ---------- (1) (2)
   Yes No

   > If NO, proceed to Part III.

   C. Specialty unit:

   CCU ---------- (1)
   SICU ---------- (2)
   Other ICU, specify -------- (3)

   _____

PART III: Clinical Evaluation.

III A. RISK FACTORS

(Except as noted risk factors should be present within three months of presentation)

10. Immobilization:

   A. Within 3 months F2110A --------- (1) (2)
   Yes No

   > If NO, proceed to Item 11.

   B. Date immobilization started:

   ___ ___ - ___ ___ - ___ ___
   Month Day Year

   C. Most recent date immobilized:

   ___ ___ - ___ ___ - ___ ___
   Month Day Year

		Yes	No
11.	Coronary artery disease (ever) F2111 ----------	(1)	(2)
12.	Myocardial infarction F2112 -------	(1)	(2)
13.	Other heart disease F2113 ---------	(1)	(2)

> If NO, proceed to Item 14.

A. Valvular heart disease -- (1) (2)

> If NO, proceed to Item 13C.

ID No.

13. (Continued)

B. Valve(s) involved (check all that apply):

	(a) Normal	(b) Incompetent	(c) Stenotic	(d) Prosthetic	(e) Other
1. Tricuspid	(1)	(1)	(1)	(1)	(1)
2. Pulmonic	(1)	(1)	(1)	(1)	(1)
3. Mitral	(1)	(1)	(1)	(1)	(1)
4. Aortic	(1)	(1)	(1)	(1)	(1)

	Yes	No
C. Arrhythmias	(1)	(2)
D. Cardiac arrest	(1)	(2)
E. Other, specify _____	(1)	(2)

14. Congestive heart failure (right or left sided) F2114 (1) (2)

15. Lung disease F2115 (1) (2)

If NO, proceed to Item 16.

A. Asthma (ever) F2115A	(1)	(2)
B. COPD (not asthma) F2115B	(1)	(2)
C. Interstitial lung disease (ever) F2115C	(1)	(2)
D. ARDS (current) F2115D	(1)	(2)
E. Pneumonia (acute infection) F2115E	(1)	(2)
F. Other, specify F2115F _____	(1)	(2)

16. Trauma to the lower extremity or pelvis (within 3 months) F2116 (1) (2)

If NO, proceed to Item 17.

A. Contusion	(1)	(2)
B. Fracture	(1)	(2)

If NO, proceed to Item 16C.

Fracture site (check all that apply):

1. Small bones of foot or toes (1)
2. Tibia (1)
3. Fibula (1)
4. Femur (long bone) (1)
5. Hip (1)
6. Pelvic bones (1)

	Yes	No
C. Fixation of the limb	(1)	(2)

	Yes	No
17. Other trauma, specify _____	(1)	(2)

18. Surgery (within 3 months) (1) (2) F2118

If NO, proceed to Item 19.

A. Surgical site (check all that apply):

1. Cardiac (1)
2. Other thoracic (1)
3. Abdominal (1)
4. Pelvic (1)
5. Lower extremity (1)
6. Neurosurgical (1)
7. Other, specify _____ (1)

*B. Date of most recent surgery:

__ __ - __ __ - __ __
Month Day Year

	Yes	No	Uncertain
19. History of thrombophlebitis (ever) F2119	(1)	(2)	(3)
20. History of pulmonary embolism (ever) F2120	(1)	(2)	(3)
21. Malignancy (within three months) F2121	(1)	(2)	(3)

If NO or UNCERTAIN, proceed to Item 22.

A. Specify _____

B. ICD-9 code __ __ __ __ . __

	Yes	No	Uncertain
22. Nephrotic syndrome (within three months) F2122	(1)	(2)	(3)

ID No. | | | | | | |

	Yes	No	Uncertain	
23. Diabetes mellitus	(1)	(2)	(3)	
24. Sickle cell disease or other hemoglobinopathy (ever)	(1)	(2)	(3)	F2124
25. Ever smoked cigarettes? (NO means less than 20 packs of cigarettes in a lifetime)	(1) Yes	(2) No		F2125

If NO, proceed to Item 26.

A. Now smoke cigarettes (as of 1 month ago)? (1) Yes (2) No

*B. How many pack-years of smoking? ___ ___ ___

	Yes	No
26. Dehydration (within 1 week)	(1)	(2)
27. Pregnant (now)	(1)	(2)

Pregnant patients are not eligible for pursuit to angiography in PIOPED.

	Yes	No	
28. Post partum (within 3 months)	(1)	(2)	F2128
29. Vasculitis (within 3 months)	(1)	(2)	F2129
30. Collagen vascular disease (active within 3 months)	(1)	(2)	F2130
31. Has this patient self-administered intravenous drugs or medications (ever)?	(1)	(2)	

If NO, proceed to Item 32.

A. Administered drugs or medications within the last month? (1) Yes (2) No (3) Uncertain

*B. How old when first started? ___ ___ years

*C. How old when stopped? ___ ___ years

Has not stopped (1)

	Yes	No	
32. Has the patient had a stroke?	(1) Yes	(2) No	F2132

---

33. Central venous instrumentation (any within 3 months) (1) Yes (2) No F2133

If NO, proceed to Part III B.

	(1) Yes	(1) No	(2) Most Recent Date in Place: Month	Day	Year	(3) Placement: Subclavian	Femoral	Other
A. Central venous line	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)
B. Swan Ganz line	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)
C. Intravenous hyperalimentation line	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)
D. Right sided permanent pacemaker	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)
E. Dialysis catheter	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)
F. EPS (electrophysiological study) line	(1)	(2)	___ ___ -	___ ___ -	___ ___	(1)	(2)	(3)

ID No. | | | | | |

III B: MEDICATIONS AT TIME OF SYMPTOMS ONSET

	Yes	No	
34. Mini dose heparin	(1)	(2)	F2134
35. Adjusted dose heparin	(1)	(2)	F2135
36. Full dose heparin	(1)	(2)	F2136
37. Oral anticoagulants	(1)	(2)	F2137
38. Aspirin	(1)	(2)	F2138
39. Dipyridamole	(1)	(2)	F2139
40. Sulfinpyrazone	(1)	(2)	F2140
41. Estrogen containing drugs	(1)	(2)	F2141

III C: SYMPTOMS WITHIN 3 DAYS PRIOR TO V̇/Q̇ SCAN

42. Dyspnea ---------- (1) Yes (2) No F2142

If NO, proceed to Item 43.

A. Degree (check one):

- Mild ---------- (1)
- Moderate ---------- (2)
- Severe ---------- (3)

B. Duration (check one):

- ≤ 3 days ---------- (1)
- > 3 days but ≤ 1 week ---------- (2)
- > 1 week but ≤ 1 month ---------- (3)
- > 1 month ---------- (4)

43. Fever ---------- (1) Yes (2) No F2143

If NO, proceed to Item 44.

A. Duration (check one):

- ≤ 3 days ---------- (1)
- > 3 days but ≤ 1 week ---------- (2)
- > 1 week but ≤ 1 month ---------- (3)
- > 1 month ---------- (4)

	Yes	No	
44. Chills (within 3 days)	(1)	(2)	F2144
45. Chest pain	(1)	(2)	F2145

If NO, proceed to Item 49.

46. Pleuritic	(1)	(2)	F2146

If NO, proceed to Item 47.

A. Location (check all that apply):

1. Mid front ---------- (1)
2. Right ---------- (1)
3. Left ---------- (1)
4. Mid back ---------- (1)

B. Duration (check one):

- ≤ 3 days ---------- (1)
- > 3 days but ≤ 1 week ---------- (2)
- > 1 week but ≤ 1 month ---------- (3)
- > 1 month ---------- (4)

47. Angina-like ---------- (1) Yes (2) No F2147

If NO, proceed to Item 48.

A. Location (check all that apply):

1. Anterior chest ---------- (1)
2. Left arm ---------- (1)
3. Right arm ---------- (1)
4. Jaw ---------- (1)
5. Neck ---------- (1)
6. Body ---------- (1)
7. Other, specify ---------- (1)

_____

ID No. | | | | | |

47. (Continued)

B. Description (check all that apply):

1. Heavy ---------- (1)
2. Sharp ---------- (1)
3. Dull ---------- (1)
4. Burning ---------- (1)
5. Crushing ---------- (1)
6. Other, specify ---------- (1)

_____

C. Duration (check one):

≤ 3 days ---------- (1)
> 3 days but ≤ 1 week ---------- (2)
> 1 week but ≤ 1 month ---------- (3)
> 1 month ---------- (4)

48. Other chest pain ---------- (1) Yes (2) No F2148

If NO, proceed to Item 49.

A. Location (check all that apply):

1. Mid front ---------- (1)
2. Right ---------- (1)
3. Left ---------- (1)
4. Mid back ---------- (1)

B. Description: _____

_____

C. Duration (check one):

≤ 3 days ---------- (1)
> 3 days but ≤ 1 week ---------- (2)
> 1 week but ≤ 1 month ---------- (3)
> 1 month ---------- (4)

49. Palpitations ---------- (1) Yes (2) No F2149

If NO, proceed to Item 50.

A. Duration (check one):

≤ 3 days ---------- (1)
> 3 days but ≤ 1 week ---------- (2)
> 1 week but ≤ 1 month ---------- (3)
> 1 month ---------- (4)

50. Cough ---------- (1) Yes (2) No (3) Uncertain F2150

If NO or UNCERTAIN, proceed to Item 51.

A. Description (check all that apply):

1. Purulent sputum ---------- (1)
2. Clear sputum ---------- (1)
3. No sputum ---------- (1)
4. Bloody sputum ---------- (1)

B. Duration (check one):

≤ 3 days ---------- (1)
> 3 days but ≤ 1 week ---------- (2)
> 1 week but ≤ 1 month ---------- (3)
> 1 month ---------- (4)

51. Hemoptysis (within 1 month) ---------- (1) Yes (2) No F2151

If NO, proceed to Item 52.

A. Description (check one):

Blood streaking ---------- (1)
Blood tinged ---------- (2)
All blood ---------- (3)

1. If ALL BLOOD, specify quantity of largest amount in a 24 hour period associated with this episode (check one):

Too little to quantify ---------- (1)
Less than 1 teaspoon ---------- (2)
1 teaspoon to 1/2 cup ---------- (3)
> 1/2 cup ---------- (4)

B. Duration (check one):

≤ 3 days ---------- (1)
> 3 days but ≤ 1 week ---------- (2)
> 1 week but ≤ 1 month ---------- (3)
> 1 month ---------- (4)

ID No. | | | | | | |

52. Wheezing ———————— (1) Yes (2) No F2152

If NO, proceed to Item 53.

A. Duration (check one):

≤ 3 days ———————— (1)
> 3 days but ≤ 1 week ——— (2)
> 1 week but ≤ 1 month ——— (3)
> 1 month ———————— (4)

	Yes	No	
53. Loss of consciousness (within 1 week) ————	(1)	(2)	F2153
54. Symptoms of an acute upper respiratory tract illness ——	(1)	(2)	F2154
55. Symptoms of an acute lower respiratory tract illness ——	(1)	(2)	F2155
56. Pain in the legs other than arthritis ————	(1)	(2)	F2156

If NO, proceed to Item 57.

A. Duration (check one):

≤ 1 month ———————— (1)
> 1 month ———————— (2)

57. Swelling in the legs or foot (feet) other than joints ——— (1) Yes (2) No F2157

If NO, proceed to Item 58.

A. Duration (check one):

≤ 1 month ———————— (1)
> 1 month ———————— (2)

58. Anxiety ———————— (1) Yes (2) No F2158

59. Sense of impending doom ——— (1) Yes (2) No F2159

III D: PHYSICAL EXAMINATION

60. Blood pressure:

*A. Supine:

1. Systolic ——— ___ ___ ___ mm Hg
2. Diastolic ——— ___ ___ ___ mm Hg

SBP
DBP

*B. Sitting:

1. Systolic ——— ___ ___ ___ mm Hg
2. Diastolic ——— ___ ___ ___ mm Hg

*C. Arterial catheter blood pressure, supine:

1. Systolic ——— ___ ___ ___ mm Hg
2. Diastolic ——— ___ ___ ___ mm Hg

61. Paradox (pulsus paradoxus ≥ 10 mm Hg) present ———— (1) Yes (2) No (3) Unknown F2161

If NO or UNKNOWN, proceed to Item 62.

*A. Absolute value ——— ___ ___ mm Hg

ID No. | | | | | | |

PULSE

62. Pulse (apical):

*A. Supine ---- ___ ___ ___ beats/minute

*B. Sitting --- ___ ___ ___ beats/minute

63. Respiratory rate:

___ ___ breaths/minute F2163

A. Patient on ventilator ---------- (1) Yes (2) No F2163A

64. Temperature:

A. Site (check one):

Oral ---------- (1)
Rectal ---------- (2)
Not done ---------- (3)
Other, specify ---------- (4)

_____

If NOT DONE, proceed to Item 65.

*B. Measurement:

___ ___ ___ . ___°F F2164B

	Yes	No	
65. Acute distress ----------	(1)	(2)	F2165
66. Diaphoresis ----------	(1)	(2)	F2166
67. Cyanosis ----------	(1)	(2)	F2167

*68. Jugular venous pressure ---------- ___ ___ cm H_2O F2168

	Yes	No	
69. Use of accessory muscles with respiration ----------	(1)	(2)	F2169

ID No. | | | | | | |

70. Crackles ---------- (1) Yes (2) No F2170

If NO, proceed to Item 71.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
1. Right side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

71. Wheezes ---------- (1) Yes (2) No F2171

If NO, proceed to Item 72.

A. Distribution (check one):

Localized ---------- (1)
Generalized ---------- (2)

If GENERALIZED, proceed to Item 72.

B. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
1. Right side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

72. Tubular breath sounds, egophony and/or bronchophony ---------- (1) Yes (2) No F2172

If NO, proceed to Item 73.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
1. Right side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

73. Decreased breath sounds ---------- (1) Yes (2) No F2173

If NO, proceed to Item 74.

A. Location (check all that apply):

	(a) Anterior			(b) Axillary		(c) Posterior		
	Upper	Mid	Lower	Upper	Lower	Upper	Mid	Lower
1. Right side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2. Left side	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

ID No. | | | | | | |

74. Pleural friction rub ——— (1) Yes (2) No F2174

If NO, proceed to Item 75.

Location (check all that apply):

A. Left ——— (1)

B. Right ——— (1)

75. Pericardial friction rub ——— Yes (1) No (2) F2175

76. Ventricular lift ——— (1) (2)

If NO, proceed to Item 77.

Location (check all that apply):

A. Right ——— (1)

B. Left ——— (1)

77. Wide, physiological split, S_2 ——— Yes (1) No (2) F2177

78. Increased P_2 ——— (1) (2) F2178

If NO, proceed to Item 79.

A. Palpable ——— (1) (2)

79. S_3 present ——— (1) (2) F2179

80. S_4 present ——— (1) (2)

81. Murmurs, bruits and rumbles:

A. Ejection murmurs present? ——— (1) Yes (2) No (3) Uncertain F2181A

If NO or UNCERTAIN, proceed to Item 81B.

1. Murmurs loudest at (check one):

Base, right upper sternal border ——— (1)

Base, left upper sternal border ——— (2)

Apex ——— (3)

Other, specify ——— (4)

_____

2. Grade:

I - II ——— (1)
III - IV ——— (2)
V - VI ——— (3)

3. Interpretation (check all that apply):

a. Flow murmur ——— (1)

b. Aortic stenosis ——— (1)

c. Mitral regurgitation ——— (1)

d. Pulmonic stenosis ——— (1)

e. Other, specify ——— (1)

_____

B. Insufficiency murmurs present? ——— (1) Yes (2) No (3) Uncertain F2181B

If NO or UNCERTAIN, proceed to Item 81C.

ID No. | | | | | | |

81. B. (Continued)

1. Murmur of mitral regurgitation present at apex? ——— (1) Yes (2) No (3) Uncertain

If NO or UNCERTAIN, proceed to Item 81B4.

2. Is this murmur pansystolic? ——— (1) Yes (2) No

3. Grade:

I - II ——— (1)
III - IV ——— (2)
V - VI ——— (3)

4. Murmur of tricuspid insufficiency present? ——— (1) Yes (2) No (3) Uncertain

If NO or UNCERTAIN, proceed to Item 81B7.

5. Does this murmur increase with inspiration? — (1) Yes (2) No (3) Uncertain

6. Grade:

I - II ——— (1)
III - IV ——— (2)
V - VI ——— (3)

7. Is there an early diastolic murmur present at the base? — (1) Yes (2) No (3) Uncertain

If NO or UNCERTAIN, proceed to Item 81C.

8. Grade:

I - II ——— (1)
III - IV ——— (2)
V - VI ——— (3)

81. B. (Continued)

9. Interpretation (check all that apply):

a. Aortic insufficiency — (1)

b. Pulmonic insufficiency ——— (1)

c. Other, specify ——— (1)

_____

	Yes	No	Uncertain
C. Bruit over lungs present? ———	(1)	(2)	(3)
D. Presystolic rumble(s) present? —	(1)	(2)	(3)

If NO or UNCERTAIN, proceed to Item 82.

1. Interpretation (check all that apply):

a. Tricuspid stenosis ——— (1)

b. Mitral stenosis ——— (1)

c. Flow murmur ——— (1)

d. Other, specify ——— (1)

_____

82. Abdominal examination:

	Yes	No	
A. Liver enlarged to percussion ———	(1)	(2)	F2182A
B. Right upper quadrant tenderness ———	(1)	(2)	F2182B

83. Lower extremity abnormality present ——— (1) (2)

If NO, proceed to Item 83B.

ID No. | | | | | |

83. (Continued)

A. Description of findings (check all that apply):

Combine right and left

	Right	Left	
1. Edema	(1)	(1)	F2183A1
2. Erythema	(1)	(1)	F2183A2
3. Tenderness	(1)	(1)	F2183A3
4. Palpable cord	(1)	(1)	F2183A4
5. Homan's sign	(1)	(1)	F2183A5
6. Other, specify	(1)	(1)	F2183A6

_____

_____

B. Circumference of lower extremity 10 cm below tibial tuberosity:

1. Right ___ ___ . ___ cm
2. Left ___ ___ . ___ cm

84. Height and weight:

A. Height ___ ___ ___ cm HTGRP

B. Weight ___ ___ ___ kg WTGRP

III E: ELECTROCARDIOGRAMS

85. Current ECG:

Used to calculate ECGDYS

A. Date: -- ___ ___ - ___ ___ - ___ ___
Month Day Year

B. Rate: ___ ___ ___ beats/minute F2185B

C. Rhythm:

	Yes	No	
1. NSR	(1)	(2)	F2185C1
2. Atrial fib.	(1)	(2)	F2185C2
3. APC(s)	(1)	(2)	F2185C3
4. Atrial flutter	(1)	(2)	F2185C4
5. PVC(s)	(1)	(2)	F2185C5
6. Other arrhythmia, specify	(1)	(2)	F2185C6

_____

D. QRS Axis:

1. Sign (1) + (2) - F2185D1

2. Angle ___ ___ ___ ° F2185D2

86. Current ECG reading:

	Yes	No	
A. Normal ECG	(1)	(2)	F2186A

If YES, proceed to Item 87.

B. P Pulmonale	(1)	(2)	F2186B
C. Incomplete RBBB	(1)	(2)	F2186C
D. Complete RBBB	(1)	(2)	F2186D
E. Complete LBBB	(1)	(2)	F2186E
F. RVH	(1)	(2)	F2186F
G. LVH	(1)	(2)	F2186G
H. Low voltage QRS (frontal)	(1)	(2)	F2186H
I. T wave inversion	(1)	(2)	F2186I
J. ST elevation	(1)	(2)	F2186J
K. ST depression	(1)	(2)	F2186K
L. Q waves present	(1)	(2)	F2186L
M. Non-specific ST-T changes present	(1)	(2)	F2186M
N. Does this ECG support a diagnosis of acute myocardial infarction?	(1)	(2)	F2186N
O. Does this ECG support a diagnosis of old myocardial infarction?	(1)	(2)	F2186O

ID No. | | | | | | |

87. Most recent ECG prior to symptoms:

A. Comparison:

Current ECG and most recent ECG prior to symptoms are (check one):

Identical ———— (1)
Different ———— (2)
No prior ECG available - (3)

IF IDENTICAL or NO PRIOR ECG AVAILABLE, proceed to Item 89.

1. Date of most recent ECG prior to symptoms:

___ ___ - ___ ___ - ___ ___
Month Day Year

B. Rate:

___ ___ ___ beats/minute

1. Is rate the only difference between the current ECG and the most recent prior to symptoms? — (1) Yes (2) No

If YES, proceed to Item 89.

C. Rhythm:

		Yes	No
1.	NSR	(1)	(2)
2.	Atrial fib.	(1)	(2)
3.	APC(s)	(1)	(2)
4.	Atrial flutter	(1)	(2)
5.	PVC(s)	(1)	(2)
6.	Other arrthytnmia, specify	(1)	(2)

_____

D. QRS Axis:

1. Sign ———— (1) + (2) -

2. Angle ———— ___ ___ ___ °

88. Comparison ECG reading:

		Yes	No
A.	Normal ECG	(1)	(2)

If YES, proceed to Item 89.

B.	P Pulmonale	(1)	(2)
C.	Incomplete RBBB	(1)	(2)
D.	Complete RBBB	(1)	(2)
E.	Complete LBBB	(1)	(2)
F.	RVH	(1)	(2)
G.	LVH	(1)	(2)
H.	Low voltage QRS (frontal)	(1)	(2)
I.	T wave inversion	(1)	(2)
J.	ST elevation	(1)	(2)
K.	ST depression	(1)	(2)
L.	Q waves present	(1)	(2)
M.	Non-specific ST-T changes present	(1)	(2)
N.	Does this ECG support a diagnosis of acute myocardial infarction?	(1)	(2)
O.	Does this ECG support a diagnosis of old myocardial infarction?	(1)	(2)

ID No.						

89. Chest X ray interpretation (check all that apply):

A. Normal ———————— (1)

> If NORMAL, proceed to Part IV.

B. COPD (hyperinflation) ———— (1)

C. Cardiomegaly ———————— (1)

D. Pulmonary vascular redistribution ———————— (1)

E. Infiltrate ———————— (1)

> If NO INFILTRATE present, proceed to Item 89F.

1. Infiltrate count:

Single ———————— (1)
Multiple ———————— (2)

F. Effusion ———————— (1)

> If NO EFFUSION present, proceed to Item 89G.

1. Effusion location(s):

Unilateral ———————— (1)
Bilateral ———————— (2)

G. Atelectasis ———————— (1)

> If NO ATELECTASIS present, proceed to Item 89H.

1. Atelectasis location(s):

Unilateral ———————— (1)
Bilateral ———————— (2)

89. (Continued)

H. Parenchymal mass or nodule ——— (1)

> If NO PARENCHYMAL MASS or NODULE present, proceed to Item 89I.

1. Parenchymal mass or nodule location(s):

Single ———————— (1)
Multiple ———————— (2)

I. Hilar or mediastinal mass ——— (1)

> If NO HILAR or MEDIASTINAL MASS present, proceed to Item 89J.

1. Hilar or mediastinal mass location(s):

Unilateral ———————— (1)
Bilateral ———————— (2)
Central only ———————— (3)

J. Bullous disease ———————— (1)

> If NO BULLOUS DISEASE present, proceed to Part IV.

1. Bullous count:

Single ———————— (1)
Multiple ———————— (2)

K. Diffuse interstitial disease — (1)

L. Other, specify ———————— (1)

_____

_____

_____

ID No.						

PART IV: Laboratory Data.

(Except as noted, all data should be the most recent prior to or immediately after $\dot{V}/\dot{Q}$ scan.)

BLOOD GAS ANALYSES

90. Comparison arterial blood gases (most recent prior to onset of symptoms):

A. Availability:

Done ---------- (1)
Not done ---------- (2)

If NOT DONE, proceed to Item 91.

B. Date and time: __ __ - __ __ - __ __ (Month - Day - Year) __ __ : __ __ (24 hour clock)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None ----------	(01)	Room Air
Mask ----------	(02)	__ __ __ % O_2
Tent ----------	(03)	__ __ __ % O_2
Endotracheal tube ----------	(04)	__ __ __ % O_2
Nasal prongs ----------	(05)	__ __. __ liters O_2/minute
Hyperbaric chamber ----------	(06)	__ . __ atmospheres O_2
Other, specify ----------	(07)	_____

_____

D. Tensions and activities:

1. pH ---------- __. __ __
2. P_aO_2 ---------- __ __ __ mm Hg
3. P_aCO_2 ---------- __ __ __ mm Hg

91. Room Air arterial blood gases (after onset of symptoms and before $\dot{V}/\dot{Q}$ scan):

A. Availability:

F2191A

Done ---------- (1)
Not done ---------- (2)

If NOT DONE, proceed to Item 92.

B. Date and time: __ __ - __ __ - __ __ (Month - Day - Year) __ __ : __ __ (24 hour clock)

C. Tensions and activities:

1. pH ---------- F2191C1 __. __ __
2. P_aO_2 ---------- F2191C2 __ __ __ mm Hg
3. P_aCO_2 ---------- F2191C3 __ __ __ mm Hg

ID No. | | | | | | |

92. Closest arterial blood gases to $\dot{V}/\dot{Q}$ scan:

A. Availability:

Done, not recorded above ---------- (1)
Recorded in Item 91 ---------- (2)
Not done ---------- (3)

If NOT DONE or RECORDED IN ITEM 91, proceed to Item 93.

B. Date and time: __ __ - __ __ - __ __ (Month Day Year) __ __ : __ __ (24 hour clock)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None	(01)	Room Air
Mask	(02)	__ __ __ % O_2
Tent	(03)	__ __ __ % O_2
Endotracheal tube	(04)	__ __ __ % O_2
Nasal prongs	(05)	__ __. __ liters O_2/minute
Hyperbaric chamber	(06)	__ . __ atmospheres O_2
Other, specify	(07)	_____

D. Tensions and activities:

1. pH ---------- __. __ __
2. P_aO_2 ---------- __ __ __ mm Hg
3. P_aCO_2 ---------- __ __ __ mm Hg

93. Worst arterial blood gases (lowest P_aO_2 since onset of symptoms but before $\dot{V}/\dot{Q}$ scan):

A. Availability:

Done, not recorded above ---------- (1)
Recorded in Item 91 ---------- (2)
Recorded in Item 92 ---------- (3)
Not done ---------- (4)

If NOT DONE or RECORDED IN ITEM 91 or RECORDED IN ITEM 92, proceed to Item 94.

B. Date and time: __ __ - __ __ - __ __ (Month Day Year) __ __ : __ __ (24 hour clock)

ID No.						

93. (Continued)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None	(01)	Room Air
Mask	(02)	___ ___ ___ % O_2
Tent	(03)	___ ___ ___ % O_2
Endotracheal tube	(04)	___ ___ ___ % O_2
Nasal prongs	(05)	___ ___. ___ liters O_2/minute
Hyperbaric chamber	(06)	___ . ___ atmospheres O_2
Other, specify	(07)	_____

D. Tensions and activities:

1. pH ___. ___ ___
2. P_aO_2 ___ ___ ___ mm Hg
3. P_aCO_2 ___ ___ ___ mm Hg

HEMATOLOGY

*94. Hgb ___ ___.___gm/dl

*95. Platelets ___ ___ ___ ___ x $10^3/mm^3$

PLTLTS

A. Smear:

Abnormally high (1)
Adequate (2)
Low (3)
No platelet evaluation (4)

*96. PT/control

___ ___.___sec / ___ ___.___sec

*97. PTT/control

___ ___.___sec / ___ ___.___sec

CHEMISTRY

*98. BUN:

A. Patient ___ ___ mg/dl

B. Upper limit of normal ___ ___ mg/dl

*99. Creatinine:

A. Patient ___ ___.___ mg/dl

B. Upper limit of normal ___ ___.___ mg/dl

*100. Bilirubin:

A. Patient ___ ___.___ mg/dl

B. Upper limit of normal ___ ___.___ mg/dl

*101. SGOT:

A. Patient ___ ___ ___ ___ IU/L

B. Upper limit of normal ___ ___ ___ ___ IU/L

*102. LDH:

A. Patient ___ ___ ___ ___ IU/L

B. Upper limit of normal ___ ___ ___ ___ IU/L

ID No.						

PART V: Clinical Review.

103. Medical contraindications to pulmonary angiography:

	(1) Yes	(1) No	(2) Describe
A. Renal disease	(1)	(2)	
B. Dye allergy (major)	(1)	(2)	
C. Shock, vascular instability	(1)	(2)	
D. Left bundle branch block	(1)	(2)	
E. Ventricular fibrillation or sustained tachycardia within 24 hours	(1)	(2)	
F. End-stage disease	(1)	(2)	
G. Pregnancy	(1)	(2)	
H. Other	(1)	(2)	

---

104. Were results of $\dot{V}/\dot{Q}$ scan or angiography known to clinical scientist before clinical assessment completed? (1) Yes (2) No

A. Date and time clinical evaluation completed:

Date - ___ ___ - ___ ___ - ___ ___
Month Day Year

Time ___ ___ : ___ ___
24 hour clock

PART VI: Clinical Probability Assessment.

Clinical Scientist

105. Are results of angiography known to you? Yes (1) No (2) F21105

106. Are results of $\dot{V}/\dot{Q}$ scan known to you? (1) (2) F21106

*107. Before $\dot{V}/\dot{Q}$ scan results known, the probability of PE in this patient:

___ ___ ___% F21107

*108. After scan results known, the probability of PE in this patient:

___ ___ ___% F21108

109. Which of the following clinical options would you choose next if angiography were available only by transporting the patient to another hospital? (Answer each.)

	Yes	No	
A. Angiography	(1)	(2)	F21109A
B. Venography	(1)	(2)	F21109B
C. Anticoagulation	(1)	(2)	F21109C
D. Pursue diagnoses other than pulmonary embolism	(1)	(2)	F21109D
E. Thrombolytic therapy	(1)	(2)	F21109E
F. Other, specify _____	(1)	(2)	F21109F

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Clinical Science Fellow

(If this patient was not seen by a Clinical Science Fellow, proceed to Part VII.)

		Yes	No	
110.	Are results of angiography known to you?	(1)	(2)	F21110
111.	Are results of $\dot{V}/\dot{Q}$ scan known to you?	(1)	(2)	F21111

*112. Before $\dot{V}/\dot{Q}$ scan results known, the probability of PE in this patient: ___ ___ ___% F21112

*113. After scan results known, the probability of PE in this patient: ___ ___ ___% F21113

114. Which of the following clinical options would you choose next if angiography were available only by transporting the patient to another hospital? (Answer each.)

		Yes	No	
A.	Angiography	(1)	(2)	F21114A
B.	Venography	(1)	(2)	F21114B
C.	Anticoagulation	(1)	(2)	F21114C
D.	Pursue diagnosis other than pulmonary embolism	(1)	(2)	F21114D
E.	Thrombolytic therapy	(1)	(2)	F21114E
F.	Other, specify _____	(1)	(2)	F21114F

PART VII: Coordination.

115. Checked for completeness and accuracy:

A. Certification number:

___ ___ - ___ ___

B. Signature:

_____

C. Date:

___ ___ - ___ ___ - ___ ___
Month Day Year

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