

Baseline Medical Data Form

Section 1 - Participant Details

Patient Trial Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: <i>First, Middle, Last</i> <input type="text"/> <input type="text"/> <input type="text"/>	Site: _____
---	---	-------------

Section 2 - Baseline Demographics

Date of assessments: *e.g. 31-Dec-2017* - -

Was height measured? No Yes

Height . cm

Was weight measured? No Yes

Weight . Kg

Was Eastern Cooperative Oncology Group (ECOG) status assessed? *If yes please indicate status below* No Yes

ECOG: *Please tick one*

0. Normal activity
 1. Symptoms, but nearly fully ambulatory
 2. Some bed time, but needs to be in bed less than 50% of normal daytime
 3. Need to be in bed greater than 50% of normal daytime
 4. Unable to get out of bed

Was American Society of Anaesthesiologists (ASA) status assessed? *If yes please indicate status below* No Yes

ASA: *Please tick one*

- I - a normal healthy patient
 II - A patient with mild systemic disease
 III - A patient with severe systemic disease
 IV - A patient with severe systemic disease that is a constant threat to life
 V - A moribund patient who is not expected to survive without the operation

Was shortness of breath assessed? *If yes please indicate status below* No Yes

Shortness of Breath Category: *Please tick one*

- Category 0, No dyspnoea
 Category 1, Slight degree of dyspnoea (troubled by shortness of breath when hurrying on the level or walking up a slight hill)
 Category 2, Moderate degree of dyspnoea (walks slower than people of the same age on the level because of breathlessness)
 Category 3, Moderately severe degree of dyspnoea (has to stop because of breathlessness when walking at own pace on the level)
 Category 4, Severe degree of dyspnoea (stops for breath after walking about 100 yards or after a few minutes on the level)
 Category 5, Very severe degree of dyspnoea (too breathless to leave the house or breathless when dressing or undressing)

Section 3 - Medical History

Are any of the below pre-existing medical conditions applicable? No Yes

Pre-existing medical conditions: *Please tick all that apply*

- COPD
 Ischaemic Heart Disease
 Congestive Heart Failure
 Previous Stroke
 Renal Failure
 Hypertension
 Hyperthyroidism
 Hypothyroidism
 Cancer (not including current lung cancer, if applicable)
 Diabetes

Please confirm all items above have been considered and all those suffered by the participant have been ticked? No Yes

Please continue to next page

Trial Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials <i>First, Middle, Last</i> <input type="text"/> <input type="text"/> <input type="text"/>
---	--

Section 4 - Lifestyle Factors

Was smoking status assessed? *If yes please indicate status below* No Yes

Smoking Status: *Please tick one*

Never Current smoker Stopped < 6 weeks ago Stopped ≥6 weeks to < 1 year ago Stopped ≥1 year ago

Smoking pack years: *Pack years = number of packs smoked per day x number of years smoked* _____ pack years

Was alcohol consumption assessed? *If yes please provide below* No Yes

Average weekly (7 day) alcohol consumption: *1 unit = half pint of lager, cider, beer OR standard pub measure wine, sherry, port OR small pub measure spirit*

_____ Units

Section 5 - Lung Function

Has Forced Expiratory Volume (FEV1) been documented in the last 6 months? *If yes please complete below* No Yes

FEV1: ____ . ____ Litres

FEV1 % Predicted: _____ %

Date assessed: *e.g. 31-JAN-2017*

 - -

Has Forced Vital Capacity (FVC) been documented in the last 6 months? *If yes please complete the following* No Yes

FVC: ____ . ____ Litres

FVC % Predicted: _____ %

Date assessed: *e.g. 31-JAN-2017*

 - -

Has Diffusing Capacity of the Lungs for Carbon Monoxide (DLCO)/Transfer Factor of the Lung for Carbon Monoxide (TLCO) been documented in the last 6 months? *If yes please complete below* No Yes

DLCO/TLCO:
_____ . _____ mmol kPa-1min-1

DLCO/TLCO %Predicted: _____ %

Date assessed: *e.g. 31-JAN-2017*

 - -

Section 6 - Patient Completed Booklet

Has patient completed baseline booklet? No Yes

If no, please provide reason

Section 7 - Form Completion Details

Completed By:

Signature:

Date: *e.g. 31-JAN-2017*

 - -

Principal Investigator Name:

Principal Investigator Signature:

Date: *e.g. 31-JAN-2017*

 - -