Protocol Identifier	Subject Identifier		Visit Description
	☐☐☐☐☐☐		Treatment Period Visit XYZ

PULMONARY HYPERTENSION

HISTORY

Shortness of breath [Y] ☐Yes [N] ☐No

If Yes, record details below:

☐ Mild ☐ Moderate ☐ Severe

Underlying disorder predisposing to pulmonary hypertension

Chronic obstructive pulmonary disease [Y] ☐Yes [N] ☐N

Mitral Stenosis [Y] ☐Yes [N] ☐N

History of pulmonary emboli [Y] ☐Yes [N] ☐N

Current acute pulmonary emboli [Y] ☐Yes [N] ☐N

If Yes, complete the Deep Vein Thrombosis (DVT) Pulmonary Embolism (PE) from.

History of medication know to cause pulmonary hypertension (e.g., Fenfluramine, Amphetamine, Ergotamine) [Y] ☐Yes [N] ☐N

Other [Y] ☐Yes [N] ☐N

If Yes, specify_____

PHYSICAL

Clinical signs of right ventricular hypertrophy [Y] ☐Yes [N] ☐N

Blood Pressure ☐☐☐ / ☐☐☐ mmHg

CHEST X-RAY

Was a chest x-ray performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of chest x-ray ☐☐ **Day** ☐☐☐ **Month** ☐☐ **Year** ☐☐ ☐☐ **Hrs:Mins (00:00-23:59)**

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PULMONARY HYPERTENSION (continued)

ECHOCARDIOGRAM

Was an Echocardiogram performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of Echocardiography: **Day** **Month** **Year** **Hrs:Mins (00:00-23:59)**

Was echocardiography consistent with pulmonary hypertension? [Y] ☐Yes [N] ☐N

Right ventricular systolic blood pressure **mmHg**

Left ventricular ejection fraction **%**

VENTILATION/PERFUSION SCAN

Was a ventilation/perfusion scan performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of most recent ventilation/perfusion scan: **Day** **Month** **Year** **Hrs:Mins (00:00-23:59)**

Was ventilation/perfusion consistent with pulmonary hypertension? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Acute pulmonary embolism [Y] ☐Yes [N] ☐N

Acute massive pulmonary embolism [Y] ☐Yes [N] ☐N

Chronic pulmonary embolism syndrome [Y] ☐Yes [N] ☐N

PULMONARY FUNCTION TEST

Was a Pulmonary Function tests performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of Chest Xray: **Day** **Month** **Year** **Hrs:Mins (00:00-23:59)**

Evidence of obstructive disease? [Y] ☐Yes [N] ☐N

Evidence of restrictive disease? [Y] ☐Yes [N] ☐N

Protocol Identifier	Subject Identifier		Visit Description
			Treatment Period Visit XYZ

PULMONARY HYPERTENSION (continued)

6 MINUTE WALK TEST

Was a 6 minute walk test performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of walk test: **Day** **Month** **Year** **Hrs:Mins (00:00-23:59)**

Total distance walked in 6 minutes ☐☐☐ meters

RIGHT HEART CATHERISATION

Was a right heart catherisation performed? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Date and time of walk test: **Day** **Month** **Year** **Hrs:Mins (00:00-23:59)**

Was right heart catherisation consistent with pulmonary hypertension? [Y] ☐Yes [N] ☐N

Was pulmonary vascular resistance consistent with pulmonary hypertension? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Pulmonary artery pressure:

Systolic (increased relative to normal pressure) [Y] ☐Yes [N] ☐

Diastolic (increased relative to normal pressure) [Y] ☐Yes [N] ☐

Mean ((increased relative to normal pressure) [Y] ☐Yes [N] ☐N

Right ventricular systolic blood pressure ☐☐☐ **mmHg**

Was left ventricular end diastolic pressure increased? [Y] ☐Yes [N] ☐N

If Yes, complete the following:

Left ventricular end diastolic blood ☐☐☐ **mmHg**

Protocol Identifier	Subject Identifier		Visit Description
	[ ][ ][ ][ ][ ][ ]		Treatment Period Visit XYZ

PULMONARY HYPERTENSION (continued)

OTHER MEANS OF LEFT VENTRICULAR ASSESSMENTS

Was a study other than echocardiogram performed that reported left ventricular function? [Y] ☐ Yes [N] ☐

Left heart catherisation [Y] ☐ Yes [N] ☐

If Yes, date and time of study:

[ ][ ] **Day** [ ][ ][ ] **Month** [ ][ ] **Year** [ ][ ] [ ][ ] **Hrs:Mins (00:00-23:59)**

MUGA [Y] ☐ Yes [N] ☐

If Yes, date and time of study:

[ ][ ] **Day** [ ][ ][ ] **Month** [ ][ ] **Year** [ ][ ] [ ][ ] **Hrs:Mins (00:00-23:59)**

MRI [Y] ☐ Yes [N] ☐

If Yes, date and time of study:

[ ][ ] **Day** [ ][ ][ ] **Month** [ ][ ] **Year** [ ][ ] [ ][ ] **Hrs:Mins (00:00-23:59)**

Left ventricular end diastolic blood [ ][ ][ ] **mmHg**