HCHS/SOL PULMONARY DIAGNOSIS (PLD) FORM

ID NUMBER:									FORM CODE: PLD VERSION: A 1/9/13	Contact Occasion		SEQ #	

Administrative Information

0A. Completion Date: ☐☐/☐☐/☐☐☐☐ Month /Day /Year

0B. Reviewer ID: ☐☐☐

0C. Event ID: ☐☐☐☐☐☐☐☐☐☐☐☐

0D.Event Date: ☐☐/☐☐/☐☐☐☐ Month / Day/Year

1. Does this patient meet SOL criteria for chronic lower respiratory disease (CLRD)?
   Definite 1 ◯ | Highly Probable 2 ◯ | Probable 3 ◯ | NO/unknown 4 ◯
   *if 4 then **STOP***

2. If YES (definite, highly probable, or probable) CLRD, which sub-type(s) of CLRD does this patient have?

	Definite	Highly Probable	Probable	Definitely Not	Probably not/ Unknown
a. Asthma	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
b. COPD	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
c. Emphysema	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
d. Chronic Bronchitis	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

3. In your opinion, which CLRD subtype do you think is predominant?
   1 ◯ Asthma 2 ◯ COPD 3 ◯ Emphysema 4 ◯ Chronic Bronchitis 5 ◯ Unsure

4. Is there evidence of other lung disease? No=0 ◯ Yes=1 ◯
   a. If yes, specify lung disease _____

5. Does this patient have an exacerbation of CLRD?
   Definite 1 ◯ | Highly Probable 2 ◯ | Probable 3 ◯ | No/Unknown 4 ◯

   a. <u>If YES to #5</u> (definite, highly probable, or probable), then was there evidence for another cardiopulmonary diagnosis concomitant with the event?
      1 ◯ No, "LONE" CLRD exacerbation 2 ◯ Yes, "COMORBID" CLRD
      *if 1 for Lone CLRD then **STOP***

   b. <u>If YES to #5a</u> (Comorbid CLRD exacerbation), then indicate evidence for any of the following:

	Yes	No/unknown
b1. Pneumonia	1 ◯	2 ◯
b2. Pulmonary embolus	1 ◯	2 ◯
b3. Pneumothorax	1 ◯	2 ◯
b4. Acute myocardial infarction	1 ◯	2 ◯
b5. Acute decompensated heart failure (ADHF)	1 ◯	2 ◯
b5.a. IF YES to ADHF (b5), then what type? 1 ◯ Left-sided 2 ◯ Right-sided 3 ◯ Unknown		
b6. Other	1 ◯	2 ◯
b6.a. IF YES to Other (b6), then what OTHER condition is comorbid? _____		

6. Comments: _____.