

Initial Patient Qnnaire

Patient ID

Initial Patient Questionnaire (Form 1, IPQ)

Patient ID

Patient initials

1.1 Date of enrolment

1.2 What is patient's date of birth

1.3 What is the age of the participant (incompleted years)

1.4 Patient's gender

- ☐ Male
☐ Female

Vital signs

1.5a Temperature (degrees C)

((degrees C))

1.5b HR (/min)

((/min))

1.5c RR (/min)

((/min))

1.5d Systolic Blood Pressure (mmHg)

((mmHg))

1.5e Dystolic blood pressure (mmHg)

((mmHg))

1.5f SpO2 (%)

((%))

1.6 Does the patient have altered mental status?

- ☐ No
☐ Yes

1.7 Patient clinical score?

☐ Not affected
☐ Mildly affected, but completely ambulatory
☐ Significantly affected, less or equal 50% in bed during day
☐ Severely affected, > 50% in bed, but not bedbound
☐ Completely disabled, bedbound

1.7a If clinical score > 0, then specify durration of condition (longest duration, in days)

((days))

1.8 Is it possible to measure patient's height?

☐ No
☐ Yes

1.8 Patient height (in cm)

((cm))

1.8a If height is missing, reason why?

☐ Unable to stand
☐ Refused

1.9 Its possible to measure patient's weight

☐ No
☐ Yes

1.9a What is patient's weight (in kgs)?

((kg))

1.9b If weight is missing, reason why?

☐ Unable to stand
☐ Refused

SMOKING HISTORY

1.10 Have you smoked >= 100 cigarettes in your entire life? (if No, skip to 1.11)

☐ No
☐ Yes

1. 10a How old were you when you first started to smoke fairly regularly?

((years))

1.10b On average, how many cigarettes do you now smoke per day?

1.10c On average, for the ENTIRE TIME you smoked, how many cigarettes did you smoke per day?

1.10d For how many years in total did you quit smoking?

1.11 Before age 13, did you live with a regular cigarette smoker who smoked in your home?

☐ No
☐ Yes
((years))

1.12 Since age 13, have you ever lived with a regular cigarette smoker (not including yourself) who smoked in your home?

☐ No
☐ Yes

1.13 Since age 13, when not home, have you ever spent time regularly indoors where there are people smoking cigarettes?

- ☐ No
☐ Yes

1.14 Have you smoked a pipe at least 20 times in your entire life? (if no/unknown, go to #1.15.)

- ☐ No
☐ Yes
☐ Unknown

1.14a Do you now (within the past week) smoke a pipe regularly?

- ☐ No
☐ Yes
☐ Unknown

ALCOHOL USE

1.15 Have you ever had a drink containing alcohol? (If No, skip to #1.17)

- ☐ No
☐ Yes

1.16 In the last 12 months, have you had a drink containing alcohol?

- ☐ No
☐ Yes

1.16a If yes, how often do you take alcohol?

- ☐ Monthly or less
☐ 2-4 times/months
☐ 2-3 times/week
☐ \geq times/week

1.16b If yes, how many drinks containing alcohol do you have on a typical day when you are drinking (or how many hours/day do you spend drinking)?

- ☐ 1 or 2
☐ 3 or 4
☐ 5 or 6
☐ 7 or 9
☐ 7 or more

1.16c If yes, how often do you have six or more drinks (or drink for 6 hours or more) on one occasion?

- ☐ Never
☐ Less than monthly
☐ Monthly
☐ Weekly
☐ Daily/almost daily

RECREATIONAL DRUG USE HISTORY

1.17 Do you agree to participate in answering a few personal questions regarding your recreational drug use? (If No, skip to #1.18a)

- ☐ No
☐ Yes

1.17a Have you ever used marijuana or hashish (smoked)

- ☐ Never
☐ In the past, but not within the past year
☐ In the past year but not in the past month
☐ In the past month but not in the past week
☐ In the past week or usually more than once a week

PAST MEDICAL HISTORY & DIAGNOSES

1.18a(i) Asthma

☐ No
☐ Yes

1.18a(ii) If Yes, year of diagnosis

1.18b(i) COPD/Emphysema/Chronic Bronchitis

☐ No
☐ Yes

1.18b(ii) If yes, year of diagnosis

1.18c(i) Lung cancer

☐ No
☐ Yes

1.18c(ii) If yes, year of diagnosis

1.18d(i) Pulmonary Hypertension

☐ No
☐ Yes

1.18d(ii) If Yes, year of diagnosis

1.18e(i) Bronchiectasis

☐ No
☐ Yes

1.18e(ii) If Yes, year of diagnosis

1.19a Bacterial Pneumonia

☐ No
☐ Yes

1.19b If yes, past six 6 months

☐ No
☐ Yes

1.19c If yes, in your lungs?

☐ No
☐ Yes

1.20a Tuberculosis

☐ No
☐ Yes

1.20b If yes, past 6 months

☐ No
☐ Yes

1.20c If yes, in your lungs?

☐ No
☐ Yes

1.20d If yes, in other sites?

☐ No
☐ Yes

1.20e If yes in other site, state site 1

1.20f If yes in other site, state site 2

1.21a Pneumocystis pneumonia

☐ No
☐ Yes

1.21b If yes, in past 6 months?

☐ No
☐ Yes

1.21c If yes, in your lungs?

☐ No
☐ Yes

1.22a oral Candidiasis

☐ No
☐ Yes

1.22b If yes, in past 6 months

☐ No
☐ Yes

1.22d If yes, in other sites

☐ No
☐ Yes

1.22e If yes in other site, state site1

1.22f If yes in other site, state site2

1.23a Cryptococcal Infection

☐ No
☐ Yes

1.23b If yes, in past 6 months

☐ No
☐ Yes

1.23c If yes, in your lungs?

☐ No
☐ Yes

1.23d If yes, in other sites?

☐ No
☐ Yes

1.23e If yes in othersite, state site 1

1.23f If yes in other sites, state site 2

1.24a Karposi sarcoma

☐ No
☐ Yes

1.24b If yes, in past 6 months

☐ No
☐ Yes

1.24c If yes, in your lungs

☐ No
☐ Yes

LIVER DISEASE HISTORY

1.25 Have you ever been diagnosed with cirrhosis or another liver disease? (If no/unknown, go to #1.27)

☐ No
☐ Yes
☐ Unknown

1.26 Have you ever been diagnosed with hepatitis

☐ No
☐ Yes
☐ Unknown

1.26a Do you currently have hepatitis

☐ No
☐ Yes
☐ Unknown

1.26b Have you ever been treated for hepatitis

☐ No
☐ Yes
☐ Unknown

1.26c If yes, what medicine did you receive for hepatitis? Please specify or state unknown)

DIABETES HISTORY

1.27 Have you ever been diagnosed with diabetes or high blood sugar? (If no/unknown, go to #1.29)

☐ No
☐ Yes
☐ Unknown

1.28 In the past 3 months, have you taken any medication for diabetes or high blood sugar?

☐ No
☐ Yes
☐ Unknown

1.28a If yes, do you take a pill for your diabetes?

☐ No
☐ Yes
☐ Unknown

1.28b If yes, do you take insulin for your diabetes?

☐ No
☐ Yes
☐ Unknown

1.29 Are you currently (within the last week) taking any medication for diabetes or high blood sugar?

☐ No
☐ Yes
☐ Unknown

1.29a If yes, do you take a pill for your diabetes?

☐ No
☐ Yes
☐ Unknown

1.29b If yes, do you take insulin for your diabetes?

☐ No
☐ Yes
☐ Unknown

HIV HISTORY

1.30 Have you ever been tested for HIV before?

- ☐ No
☐ Yes

1.30a If yes, what was your HIV result?

- ☐ Negative
☐ Positive

1.30b If positive, do you know your most recent CD4 count? (If no, skip to # 1.30c)

- ☐ No
☐ Yes
 ((cells/uL))

1.30b i) If yes, what is your most recent CD4 count? (fill only values without units, units in cells/uL)

1.30c If positive, do you regularly take Septrin or any other drug to prevent PCP and other infections in patients with HIV? (If no, skip to #30d)

- ☐ No
☐ Yes

1.30c i) If yes, which medicine do you take for PCP prophylaxis?

- ☐ Septrin
☐ Dapsone
☐ Other

1.30c ii) If yes, when did you start taking PCP prophylaxis?

1.30d If positive, are you taking antiretroviral medications currently? (If no, skip to #1.30f)

- ☐ No
☐ Yes

1.30e If yes, when did you start taking these antiretroviral medications?

1.30f If no, have you been on antiretroviral medication before? (If no, skip to #1.31)

- ☐ No
☐ Yes

1.30f i) If yes, when did you stop antiretroviral medications?

1.30f ii) If yes, how many months total do you estimate that you have taken antiretroviral medications in your life?

PREVIOUS TREATMENT

1.31 Prior to coming to the hospital, did you take antibiotics for your current illness?

- ☐ No
☐ Yes

1.31a If yes, how many days of antibiotics did you take?

1.31b If yes, name antibiotic taken (Please specify from available sources or state unknown)

1.32 Have you ever been treated for TB before, or are you currently on TB treatment?

- ☐ No
☐ Yes

SYMPTOM QUESTIONNAIRE

1.33 Have you had fever, chills, or night sweats during the past 7 days? (If No, skip to #1.34)(Longest duration)

- ☐ No
☐ Yes

1.33a If yes, how long have you had these symptoms?

((days))

1.34 Have you lost any weight because of your illness? (If No, skip to #1.35)

- ☐ No
☐ Yes

1.34a If yes, how much weight have you lost during this illness?

- ☐ < 5kg
☐ >=5 kg

1.35 Have you had any cough during the past 7 days? (If No, skip to #1.36)

- ☐ No
☐ Yes
((days))

1.35a If yes, how long have you been coughing? (in days)

1.36 Have you been producing any sputum during the past 7 days? (If No, skip to #1.37)

- ☐ No
☐ Yes

1.36a If yes, how long have you been making sputum? (in days)

((days))

1.36b If yes, what color is your sputum?

- ☐ White or clear
☐ Discoloured

1.36c If yes, have you had blood in your sputum during this illness?

- ☐ No
☐ Yes

1.37 Have you had difficulty in breathing during the last 7 days? (If No, skip to #1.38)

- ☐ No
☐ Yes

1.37a If yes, how long have you had difficulty in breathing? (days)

((days))

1.37b If yes, how severe is your difficulty in breathing?

- ☐ Occurs only with exercise
☐ Occurs at rest

1.38 Have you had any chest pain during the past 7 days? (If No, skip to #1.39)

- ☐ No
☐ Yes

1.38a If yes, how long have been having chest pain? (in days)

((days))

1.39 Have you had any wheezing during the past 7 days?

- ☐ No
☐ Yes

1.39a If yes, how long have you been wheezing? (in days)

((days))

DOMESTIC AND OCCUPATIONAL EXPOSURE

1.40 During the last 12 months, have you burned wood or coal for heating your home

☐ No
☐ Yes

1.41 During the last 12 months, have you noted any mold or mildew on any surface, other than food, inside your home?

☐ No
☐ Yes

1.42a In the last 12 months, have you had any cat living in your home?

☐ No
☐ Yes

1.42b In the last 12 months, have you had a dog living in your home?

☐ No
☐ Yes

1.42c In the last 12 months, have you had any other furry pets living in your home?

☐ No
☐ Yes

1.42d In the last 12 months, have you had any of the birds living in your home?

☐ No
☐ Yes

1.43a During the last 12 months, have you noticed any cockroaches in your home?

☐ No
☐ Yes

1.43b During the last 12 months, have you noticed any mice in your home?

☐ No
☐ Yes

1.44 In any of your jobs, do you come into regular contact with any other vapors, gases, dusts, or fumes?

☐ No
☐ Yes
☐ Unknown