

# LoRTISA Study Variables List

## 1. Patient Identification and Demographics

- Patient ID
- Patient initials
- Date of enrolment
- Date of birth
- Age (in completed years)
- Gender (Male/Female)

## 2. Vital Signs and Clinical Assessment

### 2.1 Vital Signs

- Temperature (degrees C)
- Heart Rate (per minute)
- Respiratory Rate (per minute)
- Systolic Blood Pressure (mmHg)
- Diastolic Blood Pressure (mmHg)
- SpO2 (%)

### 2.2 Clinical Status

- Altered mental status (Yes/No)
- Patient clinical score (5-point scale):
  - Not affected
  - Mildly affected, but completely ambulatory
  - Significantly affected,  $\leq 50\%$  in bed during day
  - Severely affected,  $> 50\%$  in bed, but not bedbound
  - Completely disabled, bedbound
- Duration of clinical condition (days)

### 2.3 Anthropometrics

- Height measurement possible (Yes/No)
- Height (cm)
- Reason if height missing (Unable to stand/Refused)
- Weight measurement possible (Yes/No)
- Weight (kg)
- Reason if weight missing (Unable to stand/Refused)

## 3. Smoking History

- Smoked  $\geq 100$  cigarettes in lifetime (Yes/No)

- Age started smoking regularly (years)
- Current cigarettes per day
- Average cigarettes per day over entire smoking period
- Total years quit smoking
- Early life exposure to smoking (before age 13) (Yes/No)
- Adult exposure to smoking (since age 13) (Yes/No)
- Regular exposure to smoking in non-home environments (Yes/No)
- Pipe smoking history:
  - Smoked pipe  $\geq 20$  times in life (Yes/No/Unknown)
  - Current pipe smoking (within past week) (Yes/No/Unknown)

## 4. Medical History

### 4.1 Respiratory Conditions

- Asthma (Yes/No + Year of diagnosis)
- COPD/Emphysema/Chronic Bronchitis (Yes/No + Year of diagnosis)
- Lung cancer (Yes/No + Year of diagnosis)
- Pulmonary Hypertension (Yes/No + Year of diagnosis)
- Bronchiectasis (Yes/No + Year of diagnosis)

### 4.2 Infectious Disease History

#### Bacterial Pneumonia

- Previous diagnosis (Yes/No)
- Within past 6 months (Yes/No)
- Lung involvement (Yes/No)

#### Tuberculosis

- Previous or current treatment (Yes/No)
- Within past 6 months (Yes/No)
- Lung involvement (Yes/No)
- Other site involvement (Yes/No + Specific sites)

#### Other Infections

- Pneumocystis pneumonia (Yes/No, timing, location)
- Oral Candidiasis (Yes/No, timing, location)
- Cryptococcal Infection (Yes/No, timing, location)
- Kaposi sarcoma (Yes/No, timing, location)

### 4.3 Other Medical Conditions

## Liver Disease

- Cirrhosis diagnosis (Yes/No/Unknown)
- Hepatitis diagnosis (Yes/No/Unknown)
- Current hepatitis (Yes/No/Unknown)
- Previous hepatitis treatment (Yes/No/Unknown + Medicine specifics)

## Diabetes

- Diagnosis history (Yes/No/Unknown)
- Recent medication (past 3 months)
- Current medication (within last week)
- Type of medication (Pills/Insulin)

## 5. HIV History

- Previous HIV testing (Yes/No)
- HIV result (Positive/Negative)
- CD4 count knowledge (Yes/No)
- Most recent CD4 count (cells/ $\mu$ L)
- PCP prophylaxis:
  - Usage (Yes/No)
  - Medication type (Septrin/Dapsone/Other)
  - Start date
- Antiretroviral therapy:
  - Current usage (Yes/No)
  - Start date
  - Previous usage if not current (Yes/No)
  - Stop date if discontinued
  - Total months on treatment

## 6. Previous Treatment

- Pre-hospital antibiotics for current illness (Yes/No)
- Duration of antibiotic treatment (days)
- Specific antibiotic used
- Previous/current TB treatment (Yes/No)

## 7. Current Symptoms

- Fever/chills/night sweats (Yes/No + Duration in days)
- Weight loss (Yes/No + Amount:  $<5\text{kg}$ / $\geq 5\text{kg}$ )
- Cough (Yes/No + Duration in days)
- Sputum production:
  - Presence (Yes/No)

- Duration (days)
  - Color (White or clear/Discolored)
  - Blood presence (Yes/No)
- Breathing difficulty:
  - Presence (Yes/No)
  - Duration (days)
  - Severity (With exercise/At rest)
- Chest pain (Yes/No + Duration in days)
- Wheezing (Yes/No + Duration in days)

## 8. Environmental Exposures

### 8.1 Domestic Exposures

- Wood/coal burning for heating (Yes/No)
- Mold/mildew presence (Yes/No)
- Pet exposure:
  - Cats (Yes/No)
  - Dogs (Yes/No)
  - Other furry pets (Yes/No)
  - Birds (Yes/No)
- Pest exposure:
  - Cockroaches (Yes/No)
  - Mice (Yes/No)

### 8.2 Occupational Exposures

- Regular contact with vapors/gases/dusts/fumes (Yes/No/Unknown)