

EVALUATION FORM

Date: _____

Physician name: _____

PATIENT 1 Year of birth: Gender: M F

DIAGNOSIS

- SSc Mixed CTD / CTD with scleroderma features Other

Describe: _____

- Date of diagnosis

INITIAL PAH SCREENING ASSESSMENT WITHIN 3 YEARS OF SSc DIAGNOSIS

- No → Proceed with screening tests
- Yes → Date of assessment:

FOLLOW UP SCREENING ASSESSMENT(S) FREQUENCY

- Never performed
- Yes → At which time interval? months

If last assessment was > 12 months ago or never done, proceed with screening tests

ECHOCARDIOGRAM

- Performed in the last year No → proceed with test
- Yes → Date:

LAST ECHOCARDIOGRAM RESULTS:

- RVSP or sPAP > 35mmHg Yes No Not available
- TR velocity > 2.5 m/s Yes No Not available
- RV enlargement Yes No
- Other findings of PAH Yes No

NT-proBNP (IF AVAILABLE)

- Last NT-proBNP Never been performed
- Yes → Date:
- > 2 times upper limit of normal Yes No

EVALUATION FORM

PULMONARY FUNCTION TEST

- Performed in the last year No proceed with test
- Yes → Date:

LAST PFT RESULTS:

- DLCO < 60% of predicted Yes No
- FVC% / DLCO% > 1.6 Yes No

PAH SYMPTOMS

- Evaluated in the last year No → proceed with evaluation
- Yes → Date:

EVALUATION RESULTS:

- Dyspnea present absent
- Fatigue present absent
- Oedema present absent
- Syncope present absent
- Chest pain present absent
- Exertion intolerance present absent

NOTES / COMMENTS