

## PVDOMICS STUDY Functional Class Form #115

**Instructions:** This form is to be completed by the Clinical Center PI (or other physician investigator) to document the participant's Functional Class (FC) at time of PVDOMICS assessment (visits). Controls will <u>not</u> have FC assessed.

<u>If not previously classified, WHO</u> is the <u>Functional Class</u> to be used as per agreement on the 03/01/2019 Steering Committee conference call.

	ote: ecept	A Functional Class (FC) assessment done within +/- 6 weeks around enrollment date is able.		
		1. Identification Number  2. Alphacode  3. Date of FC review/assessment (mm/dd/yyyy)		
4.	Was a Functional Class (FC) determined at the time of enrollment?			
5.	a.	What was/is the WHO Functional Class?  1=Class 1, 2=Class 2, 3=Class 3, 4=Class 4		
	b.	How was/is WHO Functional Class assessed?  1= Documented in participant's medical records at time of visit for parent PVDOMICS study  2= Documented in participant's medical records within 6 weeks PRIOR to enrolling in (parent) PVDOMICS study  3= Not documented in past records but PVDOMICS Study PI reviewed previous records and determined the Functional Class. This case will be reviewed by the Adjudication Committee.		
6.	a.	What was the NYHA Functional Class?  1=Class 1, 2=Class 2, 3=Class 3, 4=Class 4		
		Note: If classification is a '3B', it should be assigned to Class 3 per Steering Committee.		
	b.	How was NYHA Functional Class assessed?  1=Documented in participant's medical records at time of visit for PVDOMICS study.  2=Documented in participant's medical records within 6 weeks PRIOR to enrolling in PVDOMICS study.  3=Not documented in past records but PVDOMICS Study PI reviewed previous records and determined the Functional Class. This case will be reviewed by the Adjudication Committee.		
7.	a.	For unknown type of FC used: What was/is the Functional Class?		
	b.	How was (unknown classification) type <u>Functional Class</u> assessed?		

	Rationale for Adjudication Committee
_ ).	Name of physician who completed assessment:
	(Username of physician is the first 6 letters of last name and first initial.)
	Date this form completed (mm/dd/yyyy)
•	Username of person completing/reviewing completeness of this form
	Clinical Center Use Only
	Date Form Entered (mm/dd/yyyy)//
	Username of person entering this form

Form #115 Page 2 of 2

Revision 05/08/2019 PID \_\_\_\_ AC \_\_ Date of review \_\_/\_ \_/\_ \_\_\_

## WHO Functional Classification

WHO Class	Description
Class I	Pulmonary hypertension without resulting limitation of physical activity; Ordinary physical activity does not cause undue dyspnea or fatigue, or chest pain or near-syncope;
Class II	Pulmonary hypertension resulting in a slight limitation of physical activity; Comfortable at rest; Ordinary physical activity causes undue dyspnea or fatigue, or chest pain or near-syncope;
Class III	Pulmonary hypertension resulting in a marked limitation of physical activity; Comfortable at rest; Less than ordinary physical activity causes undue dyspnea or fatigue, or chest pain or near-syncope;
Class IV	Pulmonary hypertension resulting in inability to carry out any physical activity without symptoms; Signs of right heart failure; Marked limitation of physical activity; Dyspnea and/or fatigue may be present at rest; Discomfort is increased by any physical activity;