



## BRONCHITIS INDEX SCORING FORM

ID NUMBER:							
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FORM CODE: **BIS**  
VERSION: 1.0 3/2/12

Visit  
Number

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SEQ #

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0a) Form Date: ..... 

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0b) Code ..... 

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**Instructions:** This form should be completed during the participant's visit.

1) Erythema ..... 

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|-----------------|---|
| Normal.....     | 0 |
| Light Red.....  | 1 |
| Red .....       | 2 |
| Beefy Red ..... | 3 |

2) Edema ..... 

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- |                                |   |
|--------------------------------|---|
| Normal airway.....             | 0 |
| Blunting of bifurcations ..... | 1 |
| Airway Narrowing .....         | 2 |
| Airway occluded .....          | 3 |

3) Secretions ..... 

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- |                             |   |
|-----------------------------|---|
| Normal.....                 | 0 |
| Strands of clear mucus..... | 1 |
| Globules of mucus.....      | 2 |
| Airway occluded .....       | 3 |

4) Friability ..... 

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|--------------------------------------|---|
| Normal.....                          | 0 |
| Punctate submucosal hemorrhages..... | 1 |
| Linear submucosal hemorrhages.....   | 2 |
| Frank bleeding.....                  | 3 |