SPIROMETRY DATA FORM

ID NUMBER: ☐☐☐☐☐☐☐☐☐

FORM CODE: **SDF**
VERSION: **1.0** 10/26/10

Visit Number ☐☐

SEQ # ☐☐☐

0a) Form Date .... ☐☐/☐☐/☐☐☐☐   0b) Initials........... ☐☐☐

> **Instructions:** *This form should be completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. DO NOT begin pulmonary function testing prior to completing the Inclusion/Exclusion Criteria Form and the PFT Eligibility form.*

1) Was exhaled carbon monoxide measured?... ☐

      Yes...Y
      No ....N → **Go to Item 2**

    a) Monitor number (1-15).. ☐☐

    b) Measurement 1 .... ☐☐☐ ppm

    c) Measurement 2 .... ☐☐☐ ppm

2) Was pre-bronchodilator spirometry measured?... ☐

      Yes...Y
      No ....N → **Go to Item 4**

    a) Time slow vital capacity procedure began: .... ☐☐:☐☐ AM/PM *(circle one)*

3) Pre-bronchodilator spirometry values (reported/best):

    a) Inspiratory capacity.. ☐.☐☐ L-BTPS

    b) Expiratory slow vital capacity .... ☐.☐☐ L-BTPS

    c) FEV_1... ☐.☐☐ L-BTPS

    d) FVC.. ☐.☐☐ L-BTPS

4) Was post-bronchodilator (ipratropium & albuterol) spirometry measured? .... ☐

           Yes..Y

           No ....N → **Go to Item 7**

       a) Time first puff of bronchodilator (ipratropium) administered: . ☐☐:☐☐ AM/PM *(circle one)*

       b)Time slow vital capacity procedure began: .... ☐☐:☐☐ AM/PM *(circle one)*

5) Post-bronchodilator spirometry values:

     a)   Inspiratory capacity.. ☐.☐☐ L-BTPS

     b)   Expiratory slow vital capacity .... ☐☐.☐ L-BTPS

     c) FEV_1... ☐.☐☐ L-BTPS

     d)   FVC.. ☐.☐☐ L-BTPS

6) Did the post-bronchodilator spirometry (FEV_1 and FVC) meet the ATS-ERS requirements for acceptability
and repeatability? (Y/N) .... ☐

7) Were there any complications during spirometry? (Y/N) .... ☐

     a) If yes, please explain:_____

8) Other comments: _____

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