

## SPIROMETRY DATA

ID NUMBER:

FORM CODE: **SDF**  
 VERSION: **1.0 11/19/2024**

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's clinic 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 Pulmonary Function Testing Eligibility (PFE) form.

0c) Which spirometer was used to perform pulmonary function testing (PFT)?

- nnd Easy on-PC (PC)<sub>5</sub> → **Go to 1**  
 Other<sub>6</sub>

0c1) If Other, please specify: \_\_\_\_\_

1) Was pre-bronchodilator spirometry measured?

- No<sub>0</sub> → **Go to 3**  
 Yes<sub>1</sub>

1a) Time pre-bronchodilator spirometry began:

:   AM<sub>1</sub> / PM<sub>2</sub>

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

2a) FEV<sub>1</sub>:

.   L-BTPS

2b) FVC:

.   L-BTPS

2c) FEV<sub>1</sub>/FVC ratio:

.  %

*NOTE: This value will be automatically calculated in the DMS.*

3) Was post-bronchodilator spirometry measured (after ipratropium and albuterol)?

- No<sub>0</sub> → **Go to 5**  
 Yes<sub>1</sub>

3a) Time first puff of ipratropium administered:

:   AM<sub>1</sub> / PM<sub>2</sub>

3b) Time post-bronchodilator spirometry began:

:   AM<sub>1</sub> / PM<sub>2</sub>

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4) Post-bronchodilator spirometry values:

4a) FEV<sub>1</sub>:

.   L-BTPS

4b) FVC:

.   L-BTPS

4c) FEV<sub>1</sub>/FVC ratio:

.  %

*NOTE: This value will be automatically calculated in the DMS.*

**Item 5 has been removed.**

6) Were there any complications during spirometry?

No<sub>0</sub> → **Go to 7**

Yes<sub>1</sub>

6a) If yes, please explain: \_\_\_\_\_

7) Other comments:

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**END OF FORM**