SOURCE
SPIROMICS Study of Early COPD Progression

PULMONARY FUNCTION ELIGIBILITY FORM, PFE
QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Pulmonary Function Eligibility Form (PFE) is to be completed prior to conducting pulmonary function testing during the participant's clinic visit.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.). Beside each item input is a small double bracket icon which looks like this:* ⟫. *Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'.* **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

Item 0a.   Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 0b.   Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.

Item 1.   Select only one option among the two possible choices. **NOTE: If 'Yes' is selected, wait a minimum of 30 minutes prior to conducting spirometry.**

Item 2.   Select only one option among the two possible choices. If 'No' is selected, go to Item 3.

   Item 2a.   Record the time (i.e., hour/minute) the short acting (rescue) bronchodilator was taken in the HH:MM AM/PM format in the space provided.

NOTE: If < 300 minutes since last ipratropium dose or < 165 minutes since last short-acting beta agonist dose, see partial dosing instructions in MOP 2 – Section 12.3, Table 3.

Item 3.   Select only one option among the two possible choices. If 'No' is selected, go to Item 4.

   Item 3a.   Record the time (i.e., hour/minute) the oral bronchodilator was taken in the HH:MM AM/PM format in the space provided.

Item 4.   Select only one option among the two possible choices. If 'No' is selected, go to Item 5.

   Item 4a.   Record the time (i.e., hour/minute) the once-a-day inhaled bronchodilator was taken in the HH:MM AM/PM format in the space provided.

Item 5.   Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

   Item 5a.   Record the time (i.e., hour/minute) the twice-a-day inhaled bronchodilator was taken in the HH:MM AM/PM format in the space provided.

Select **Save and Close** at the bottom of the page/screen.