

OSCILLOMETRY TESTING, OSC QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Oscillometry Data Form (OSC) is to be completed during the participant's clinic visit to document that the oscillometry testing occurred.

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 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record that this is happening at the clinic visit (E1).

- 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 SPIROMICS III 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 SPIROMICS III 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. If 'No' is selected, go to Item 2.
 - Item 1a.** Record the time (i.e., hour/minute) pre-bronchodilator testing began in the HH:MM AM/PM format in the space provided.
- 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 first puff of bronchodilator was given in the HH:MM AM/PM format in the space provided.
 - Item 2b.** Record the time (i.e., hour/minute) post-bronchodilator testing began in the HH:MM AM/PM format in the space provided.
- Item 3.** Select only one option among the two possible choices. If 'No' is selected, go to Item 4.
 - Item 3a.** Explain any complications during any phase of oscillometry testing in the space provided.
- Item 4.** Record any other comments in the space provided.

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