# SPIROMETRY DATA FORM

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **SDF**
VERSION: 2.0  10/09/2017

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 PFT Eligibility form.*

1) Was exhaled carbon monoxide measured?
☐ No$_0$ → **Go to Item 2**
☐ Yes$_1$

Question 1a has been removed

1b) Measurement 1 ☐☐ ppm

1c) Measurement 2 ☐☐ ppm

2) Was pre-bronchodilator spirometry measured?
☐ No$_0$ → **Go to Item 4**
☐ Yes$_1$

2a) Time slow vital capacity procedure began: ☐☐ : ☐☐     2a1) ☐ AM$_A$   ☐ PM$_P$

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

3a) Inspiratory capacity ☐☐.☐☐ L-BTPS

3b) Expiratory slow vital capacity ☐☐.☐☐ L-BTPS

3c) FEV$_1$ ☐☐.☐☐ L-BTPS

3d) FVC ☐☐.☐☐ L-BTPS

3e) FEV$_1$/FVC ratio calculated value ☐☐☐.☐ %

4) Was post-bronchodilator spirometry measured (after ipratropium and albuterol)?
☐ No$_0$ → **Go to Item 7**
☐ Yes$_1$

4a) Time first puff of ipratropium administered: ☐☐ : ☐☐     4a1) ☐ AM$_A$ ☐ PM$_P$

4b) Time slow vital capacity procedure began: ☐☐ : ☐☐     4b1) ☐ AM$_A$ ☐ PM$_P$

5) Post-bronchodilator spirometry values:

    5a) Inspiratory capacity            ☐☐.☐☐ L-BTPS

    5b) Expiratory slow vital capacity    ☐☐.☐☐ L-BTPS

    5c) $FEV_1$                            ☐☐.☐☐ L-BTPS

    5d) FVC                              ☐☐.☐☐ L-BTPS

    5e) $FEV_1$/FVC ratio <span style="color:red">calculated value</span>    ☐☐☐.☐ %

<span style="color:red">Question 6 has been removed</span>

7) Were there any complications during spirometry?
   ☐ No_0 → **Go to End**
   ☐ Yes_1
   7a) If yes, please explain: _____

8) Other comments: _____
_____

**END OF FORM**