	Participant ID:	**Participant Initials:**
	Site:	**RC ID:**
	CRF Date:	

SPIROMETRY ASSESSMENT

Time at start of assessment: _____:_____ (military time)

A. Assessment of eligibility to do spirometry

1. Blood pressure on today's exam of systolic > 180 mmHg or diastolic > 110mmHg? ☐ Yes ☐ No
2. Heart Rate < 50 or > 110 today? ☐ Yes ☐ No
3. Pregnant or positive pregnancy test? ☐ Yes ☐ No
4. Has the participant had any of the following in the past 3 months:
   a. Major surgery (chest, abdomen, or brain)? ☐ Yes ☐ No
   b. Eye surgery? ☐ Yes ☐ No
   c. Heart attack? ☐ Yes ☐ No
   d. Stroke or diagnosis of aneurysm of the brain? ☐ Yes ☐ No
5. Oral surgery within the past two weeks? ☐ Yes ☐ No
6. New chest pain within the past week? ☐ Yes ☐ No

If answers are **YES** to question 1-6, **DO NOT PERFORM SPIROMETRY**. Otherwise, please answer questions 7a-d and the participant may proceed to perform spirometry.

B. Recent inhaler or nebulizer use

7. Does the participant use one or more inhaled medications for breathing? ☐ Yes ☐ No
   IF NO SKIP QUESTIONS 7a-d
   a. Did the participant use a short-acting/rescue inhaler or nebulizer treatment today? (Refer to the pulmonary medications list) ☐ Yes ☐ No

SPIROMETRY ASSESSMENT

If YES, please specify the medications. **If NO,** skip to question 7c.

Medication(s): _____

_____

_____

_____

_____

b. **If YES**, what was the time of the participant's most recent dose?

____:____ (record using military time)

c. Did the participant use a long-acting bronchodilator inhaler or nebulizer treatment in the past 24 hours? (Refer to the pulmonary medications list)
If YES, please specify the medications. **If NO,** skip to question 8.

☐ Yes ☐ No

Medication(s): _____

_____

_____

_____

_____

d. **If YES**, what was the time of the participant's most recent dose?

____:____ (record using military time)

If answer to question 7 is YES, please make sure to write a comment recording what medication and when the last time the participant used the medication on the spirometry comment section.

C. Baseline spirometry completion

8. Was spirometry completed? ☐ Yes ☐ No

SPIROMETRY ASSESSMENT

a. **If NO**, please select a reason:

- ☐ Protocol exclusion
- ☐ Participant refused
- ☐ Equipment malfunction
- ☐ MEU malfunction
- ☐ Weather not permitting outdoor spirometry protocol
- ☐ Other (please specify):_____

_____

D. Spirometry results to assess eligibility for bronchodilator testing

9. Did baseline spirometry meet acceptability and reproducibility criteria? ☐ Yes ☐ No

10. FEV1 % predicted: _____ %

11. FEV1/FVC ratio: _____

12. FEV1/FVC ratio lower limit of normal (as reported on spirometry results screen): _____

13. Was FEV1/FVC < 70% or FEV1/FVC ratio less than the lower limit of normal (LLN) or FEV1 < 80% of the predicted value? ☐ Yes ☐ No

If answer to questions 9 and 13 is YES, then proceed to screening for bronchodilator testing. If NO to either questions 9 or 13, then form is complete and DO NOT proceed to screening for bronchodilator testing.

E. Medical and medication criteria to assess eligibility for bronchodilator testing

If participant **successfully** performed the spirometry and participant has **FV1/FVC < 70% or FEV1/FVC ratio less than the lower limit of normal (LLN) or FEV1 is < 80% of the predicted value,** please complete the following questions:

14. History of episodic tachycardia, atrial fibrillation, or other heart rhythm problems that have required medical treatment? ☐ Yes ☐ No

SPIROMETRY ASSESSMENT

(NOTE: Chronic atrial fibrillation with an irregular rhythm and heart rate <= 110 per minute on today's exam is not included)

15. History of ablation for tachycardia or atrial fibrillation? ☐ Yes ☐ No

16. History of having an adverse reaction to albuterol? ☐ Yes ☐ No

17. Is the participant breast feeding? ☐ Yes ☐ No

18. Is the participant taking antiarrythmetic medications? ☐ Yes ☐ No
(These include: Flecainide, Propafenone, Encainide, Moricizine, Tocasinide, Mexiletine, Lidocaine, Procainamide, Disopyramide, Quinidine)

19. Is the participant taking monoamine oxidase inhibitors – MAOI? ☐ Yes ☐ No
(These include: Isocarboxazid, Isoniazid, Nialamide, Phenelzine, Procarbazine, Hydracabazine, Tranylcypromine, Moclobeminde, Pirlindole, Toloxatone, Rasagiline, Selegiline)

20. Is the participant taking anticonvulsant medication for epilepsy or mood disorder? ☐ Yes ☐ No
(These include: Phenytoin, Fosphenytoin, Valproic acid, Tevetiracetam, Carbamazepine)

21. Is the participant taking tricyclic antidepressants – TCAs? ☐ Yes ☐ No
(These include: Clomipramine, Imipramine, Desipramine, Nortriptyline, Protriptyline, Amitryptiline, Amoxapine, Doxepin, Trimipramine)

If answers are **YES** to any of questions 14-21, **DO NOT PROCEED TO BRONCHODILATOR TESTING**. Otherwise, invite the participant to undergo bronchodilator testing and proceed with administration of albuterol and bronchodilator testing.

F. Post-bronchodilator spirometry completion

22. Was post-bronchodilator spirometry completed? ☐ Yes ☐ No

a. If **NO**, please select a reason:

☐ Protocol exclusion

☐ Participant refused

☐ Equipment malfunction

SPIROMETRY ASSESSMENT

- ☐ MEU malfunction
- ☐ Weather not permitting outdoor spirometry protocol
- ☐ Unable to administer albuterol
- ☐ History of not tolerating albuterol
- ☐ Other (please specify):_____

23. Select “yes” if procedure was lost after initially being completed and is not recoverable.

☐ Yes

23a. Please specify reason for loss:

Time at end of assessment: _____:_____ (military time)

COMMENTS: _____