



Exam 6 Spirometry Completion Form

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

Please administer questions before starting spirometry exam.

1. Is systolic blood pressure >180 OR diastolic blood pressure >110 from Seated Blood Pressure?

SBP

DBP

- ☐ Yes → Don't perform spirometry
☐ No → Proceed with spirometry

2. ¿Le han dicho que ha tenido un ataque cardíaco, accidente cerebrovascular (ataque cerebral), o ha tenido alguna operación en los ojos, el pecho o abdomen durante los últimos 3 meses?

- ☐ Yes → Don't perform spirometry
☐ No → Proceed with spirometry

3. ¿Ha tenido algún problema importante mientras estaba haciendo la espirometría?

- ☐ Yes
☐ No

Comments:

4. ¿Ha tomado café con cafeína, té o cola, u otra bebida con cafeína, durante las 2 últimas horas? (***This is not an exclusion criteria***)

- ☐ Yes
☐ No
☐ Don't know

5. ¿Ha fumado algún cigarrillo, pipa o cigarro (tabaco, puro) durante la última hora? (***This is not an exclusion criteria***)

- ☐ Yes
☐ No

6. Pre-Bronchodilator Spirometry was:

- ☐ Completed
☐ Not completed

Time completed:

: ☐ am
Hr Min ☐ pm

Reason not completed:

- ☐ Refused ☐ Restricted as per spirometry software
☐ Physically unable ☐ Other, please specify:
☐ Cognitively unable
☐ Equipment problem



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7. Do you have an implanted cardiac pacemaker or implanted cardioverter-defibrillator (ICD)?

Prefill with 'Yes' if previously reported.

- ☐ Yes —————> *Do not administer albuterol; do not perform post-bronchodilator spirometry—skip to END*
- ☐ No —————> *If selected for albuterol, proceed with albuterol and post-bronchodilator spirometry*

8. Selected for Albuterol?

- ☐ Yes, by spirometry software
- ☐ No —————> *Skip to END*

☐ Administered
(2 puffs)

☐ Not administered

Time completed:

<input type="text"/>	:	<input type="text"/>
Hr		Min

- ☐ am
☐ pm

Reason not completed:

- | | |
|--|---|
| <input type="radio"/> Refused | <input type="radio"/> Restricted as per spirometry software |
| <input type="radio"/> Physically unable | <input type="radio"/> Other, please specify: |
| <input type="radio"/> Cognitively unable | <input type="text"/> |
| <input type="radio"/> Equipment problem | |

9. Post-Bronchodilator Spirometry was:

☐ Completed

☐ Not completed

Time completed:

<input type="text"/>	:	<input type="text"/>
Hr		Min

- ☐ am
☐ pm

Reason not completed:

- | | |
|--|---|
| <input type="radio"/> Refused | <input type="radio"/> Restricted as per spirometry software |
| <input type="radio"/> Physically unable | <input type="radio"/> Other, please specify: |
| <input type="radio"/> Cognitively unable | <input type="text"/> |
| <input type="radio"/> Equipment problem | |