SOURCE
SPIROMICS Study of Early COPD Progression

SPIROMETRY DATA FORM

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **SDF**
VERSION: **2.0 08/18/2022**

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 Pulmonary Function Eligibility Form (PFE).*

0c) Which spirometer was used to perform pulmonary function testing (PFT)?

☐ nSpire KoKo Sx 1000$_1$ → **Go to 1**

☐ ndd EasyOne Pro LAB (portable)$_2$ → **Go to 1**

☐ ndd EasyOne Pro (portable)$_3$ → **Go to 1**

☐ ndd EasyOne Air (portable and PC)$_4$ → **Go to 1**

☐ ndd Easy on-PC (PC)$_5$ → **Go to 1**

☐ Other$_6$

   0c1) If Other, please specify: _____

1) Was pre-bronchodilator spirometry measured?

☐ No$_0$ → **Go to 3**

☐ Yes$_1$

   1a) Time pre-bronchodilator spirometry began: ☐☐:☐☐ AM$_1$ / PM$_2$

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

   2a) FEV$_1$:   ☐☐.☐☐ L-BTPS

   2b) FVC: ☐☐.☐☐ L-BTPS

   2c) FEV$_1$/FVC ratio: ☐☐☐.☐ %
      NOTE: This value will be automatically calculated in the DMS.

3) Was post-bronchodilator spirometry measured (after ipratropium and albuterol)?

☐ No$_0$ → **Go to 5**

☐ Yes$_1$

   3a) Time first puff of ipratropium administered: ☐☐:☐☐ AM$_1$ / PM$_2$

   3b) Time post-bronchodilator spirometry began: ☐☐:☐☐ AM$_1$ / PM$_2$

4) Post-bronchodilator spirometry values:

4a) FEV_1: ☐☐.☐☐ L-BTPS

4b) FVC: ☐☐.☐☐ L-BTPS

4c) FEV_1/FVC ratio: ☐☐☐.☐ %
NOTE: This value will be automatically calculated in the DMS.

5) Peak Expiratory Flow (PEF): ☐.☐☐ L/sec

6) Were there any complications during spirometry?
☐ No[0] → **Go to 7**
☐ Yes[1]

6a) If yes, please explain: _____

7) Other comments:

_____

_____

_____

END OF FORM