



## INSTRUCTIONS FOR PULMONARY FUNCTION ELIGIBILITY FORM PFT, VERSION 1.0 (QxQ)

### I. GENERAL INSTRUCTIONS

The Pulmonary Function Eligibility Form is filled out by the study coordinator at each visit prior to administering pulmonary function tests.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form.

**FORM DATE:** Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

**INITIALS:** Record the staff code of the person entering the data on this form. 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 data please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form. The Pulmonary Function Eligibility Form should be completed before pulmonary function testing in order to determine if the participant meets requirements for the tests.

- Item 1. If the participant has eaten a large meal in the past 2 hours select 'Yes'. If the participant has not had a large meal in the past 2 hours select 'No'. If 'Yes' you will need to wait at least 15 minutes before PFTs.
- Item 2. If the participant has smoked in the last hour select 'Yes'; if not select 'No'. If 'Yes' you will need to wait at least 15 minutes before PFTs.
- Item 3. If the participant has done any vigorous exercise in the past 30 minutes select 'Yes'; if not select 'No'. If 'Yes' you will need to wait at least 15 minutes before PFTs.

If 'Yes' selected on either item 1, 2 or 3 wait the specified amount of time before giving the PFTs.

- Item 4. If the participant has had any alcoholic beverages in the past 4 hours select 'Yes'; if not select 'No'. If 'Yes' you will need to wait to perform the eCO test.
- Item 5. If the participant has taken any medication for their lungs or breathing in the past 2 days (oral or inhaled) select 'Yes' and in items 6-11 give information regarding what medicines were taken. If no medicine for lungs or breathing has been taken in the past 2 days select 'No' and skip to item 12.

Items 6-11 ask about specific medicine that may have been used for the lungs. Carefully go through all medicines taken with the participant in order to record all that were used in the past 48 hours.

- Item 6. Select 'Yes' if the participant has taken tiotropium (also known as Spiriva) in the last 48 hours and give the date and time in time 6a. If tiotropium has not been taken select 'No' and skip to item 7.

- Item 6a. Enter the date tiotropium was taken and then enter the time. If the participant is not sure of the exact time get an approximate time. The date given should not be earlier than 2 days prior to this appointment.
- Item 7. Select 'Yes' if the participant has taken theophylline (also known as Theo 24, Uniphyl or Theochron) in the last 48 hours and give information regarding the theophylline in items 7a-7b. If theophylline has not been taken select 'No' and skip to item 8.
- Item 7a. Select which type of theophylline was most recently taken. If more than one type was taken in the past 48 hours select the one taken LAST (thus closest to this appointment today).
- Item 7b. Enter the date theophylline was taken and then enter the time. If the participant is not sure of the exact time get an approximate time. The date given should not be earlier than 2 days prior to this appointment.
- Item 8. Select 'Yes' if the participant has taken a once-a-day bronchodilator in the last 48 hours and give the date and time the bronchodilator was taken in item 8a. If a once-a-day bronchodilator has not been used in the past 48 hours select 'No' and skip to item 9.
- Item 8a. Enter the date bronchodilator was taken and then enter the time. If the participant is not sure of the exact time get an approximate time. The date given should not be earlier than 2 days prior to this appointment.
- Item 9. Select 'Yes' if the participant has taken a long-lasting (12-hour) beta agonist in the last 48 hours and give information regarding the beta agonist in items 9a-9c. If a long lasting beta agonist has not been taken select 'No' and skip to item 10.
- Item 9a. Select which long lasting beta agonist was most recently taken. If more than one type was taken in the past 24 hours select the one taken LAST (thus closest to this appointment today). If a different beta agonist was taken than the choices give select 'Other' and use the space provided in item 9b to specify which was taken.
- Item 9b. Specify which beta agonist was taken last in this space if it is not an answer choice in item 9a.
- Item 9c. Enter the date long lasting beta agonist was taken and then enter the time. If the participant is not sure of the exact time get an approximate time. The date given should not be earlier than 1 day prior to this appointment.
- Item 10. Select 'Yes' if the participant has used ipratropium in the last 8 hours and give information regarding the ipratropium in items 10a-10b. If ipratropium has not been used select 'No' and skip to item 11.
- Item 10a Select the most recent combination of ipratropium or ipratropium/albuterol used.
- Item 10b Specify the time the ipratropium was taken. If unsure of the exact time give the closest estimate possible. If it has been less than 300 minutes since the last dose of ipratropium, see the partial dosing instruction in the PFT MOP.
- Item 11. Select 'Yes' if the participant has taken a short-lasting beta agonist in the last 6 hours and give information regarding the beta agonist in items 11a-11b. If a short-lasting beta agonist has not been taken select 'No' and skip to item 12.
- Item 11a Select which short-lasting beta agonist was most recently taken. If more than one type was taken in the past 6 hours select the one taken LAST (thus closest to this appointment)

today). If a different beta agonist was taken than the choices give select 'Other' and use the space provided below item 11a to specific which was taken.

Item 11b Enter the time the short-lasting beta agonist was taken. If unsure of the exact time give the closest estimate possible. If it has been less than 165 minutes since the last dose of short-acting beta agonist, see the partial dosing instructions in the PFT MOP.

Item 12. Carefully read the description of 200mg of caffeine to the participant and determine if s/he has had more than 200mg of caffeine in the past 6 hours. This would be equivalent to 18 oz of coffee, 4 short of espresso, 40 oz of caffeinated tea, 60 oz of soft drink or 16 oz of an energy drink. Select 'Yes' or 'No' based on the information given by the participant.

Save and close the form.