

OSCILLOMETRY READING CENTER DATA FORM, OSR QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Oscillometry Reading Center Data Form (OSR) is to be completed by the PFT Reading Center. The data will be entered from the .pdf file received from the clinical site for each participant.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: . Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

- Item 0a.** Record the date the data was entered in CDART in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.
- Item 0c.** Record the date the data was collected in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0d.** Select only one option among the three possible choices.
- Item 1.** Select only one option among the two possible choices.
- Item 2.** Select only one option among the seven possible choices.
- Items 3-26.** Enter all data recorded during pre-bronchodilator oscillometry testing in the spaces provided.
- Items 27-50.** Enter all data recorded during post-bronchodilator oscillometry testing in the spaces provided.

Select **Save and Close** at the bottom of the page/screen.