SPIROMETRY

ACTION	LOCAL ID	- Affix label here -
☐ A - New Data ☐ C - Corrected Data ☐ D - Delete Form	_____	Study Center/ID ___ ___ – ___ Acrostic ___ ___ First Name _____ MI ____ Last Name _____
INSTRUCTIONS: Complete one form for each spirometry test performed.		

1. Contact Date ___-___-___ (M/D/Y)
2. Interviewer ___

Do not perform if participant has:

_____ had certain surgery in the last 2 months (thoracoabdominal, genitourinary, or central nervous system)
_____ had chest pain within past week that has not been evaluated by a physician
_____ a chest pain at time of visit
_____ an aneurysm
_____ blood pressure above 170/110 at visit _____

May not want to perform if participant

_____ has a cold or upper respiratory infection
_____ has a history of repaired aneurysm
_____ has an inguinal hernia that needs repair

If not performed, reason: _____

CHECKLIST

_____ Currently taking breathing medication? ☐ No ☐ Yes, _____
_____ Have participant sit with chin up and neck elevated.
_____ Remove chewing gum and loose dentures.
_____ Loosen tight clothing.
_____ Enter into machine:

CLEAR DATA	SEX
DATE	HEIGHT ____ inches
TIME _____	FVC (each time)
AGE _____	

_____ Machine printout matches above information (if not, re-key and reprint, no need to repeat tests)

Pre-bronchodilator results (Red Pen)

3. Pre-FVC ___.___
4. Pre-FEV1 ___.___
5. Pre-FEF25/75 ___.___
6. Pre-ATS variability ≤ 5% ☐ 0 No ☐ 1 Yes
7. Pre-ATS smooth curve ☐ 0 No ☐ 1 Yes

Post-bronchodilator results (Blue Pen)

8. Post-FVC ___.___
9. Post-FEV1 ___.___
10. Post-FEF25/75 ___.___
11. Post-ATS variability ≤ 5% ☐ 0 No ☐ 1 Yes
12. Post-ATS smooth curve ☐ 0 No ☐ 1 Yes

COMMENTS	
SPI Version **01** Revised: 12-27-88 Printing 1 2 3 4 5 6 7 8 9	KEYED VERIFIED BATCH