



Exam 6

QC Spirometry

Completion Form

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

QC ID #:

Please administer questions before starting spirometry exam.

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

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

SBP

DBP

2. Have you been told that you had a heart attack, stroke, or eye, chest or abdominal surgery in the last 3 months?

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

3. Have you had any significant problems doing spirometry?

- Yes
- No

Comments:

4. Have you had any caffeinated coffee, tea or cola, or other caffeinated drink, in the last 2 hours? ***(This is not an exclusion criteria)***

- Yes
- No
- Don't know

5. Did you smoke a cigarette, pipe or cigar during the last hour? ***(This is not an exclusion criteria)***

- Yes
- No



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6. Pre-Bronchodilator Spirometry was:

- Completed
- Not completed

Time completed:

<input type="text"/>	:	<input type="text"/>	<input type="radio"/> am
Hr		Min	<input type="radio"/> pm

Reason not completed:

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

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"/>	<input type="radio"/> am
Hr		Min	<input type="radio"/> pm

Reason not completed:

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



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9. Post-Bronchodilator Spirometry was:

- Completed
- Not completed

Time completed:

		:			<input type="radio"/> am
Hr			Min		<input type="radio"/> 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	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
<input type="radio"/> Equipment problem	