



Interviewer (initials)

COPD Gene ID

Month

Day

Year

Center (eg, NJC)

Demographics and Physical Characteristics

Demographics

Date of Birth Month Day Year

 /
 /

Gender Male Female

Note: If your Center cannot provide date of birth because of IRB or HIPAA restrictions, then enter 07/01/yyyy, where yyyy is the actual year of birth.

Physical Characteristics

Height

 . in cm Arm span was used to estimate height

Weight

 . lbs kg

Blood pressure

 /

 2:

 /

 3:

 /

Waist circum

 in cm

Note: If BP is greater than 170/100 mmHg, then contact the physician investigator.

Arm span

 in cm

Oxygen Saturation and Therapy

Do you use supplemental O₂ therapy? Yes No

If **Yes**, then please answer these questions.

When do you use supplemental O₂? Mark all that apply.

At rest During exercise During sleep

How long have you used supplemental O₂?

 . years

On a typical 24-hour day, how many hours do you use supplemental O₂?
 hours

Resting SaO₂
 % Heart rate

 bpm

Note: If SaO₂ = 100, then enter 99.

Note: If HR is greater than 120 bpm, then contact the physician investigator before you proceed with administering albuterol or the walk test.