

Spirometry Administration

Subject ID _____

Spirometry

Coordinator's initials _____

(aaa)

Has Safety Assessment form been completed for subject?

- Yes
 No

If NO, then STOP. Complete the Safety Assessment before performing the spirometry test.

Has the subject used a short-acting beta-agonist bronchodilator in the last 6 hours? Examples: albuterol, Atrovent, Combivent, ProAir, Proventil, Ventolin, Xopenex

- Yes
 No

If YES, time of last dose _____

(23:59)

Has the subject used a long-acting beta-agonist bronchodilator in the last 12 hours? Examples: Advair, Foradil, Serevent, Symbicort

- Yes
 No

If YES, date of last dose _____

If YES, time of last dose _____

(23:59)

Has the subject used tiotropium in the last 24 hours? Examples: Spiriva with HandiHaler, Spiriva Respimat.

- Yes
 No

If YES, date of last dose _____

If YES, time of last dose _____

(23:59)

Has the subject taken any theophylline products in last 24 hours?

- Yes
 No

If YES, date of last dose _____

If YES, time of last dose _____

(23:59)

Pre-bronchodilator Pulmonary Function Testing

Date of spirometry

Position in which spirometry was done for this subject

- Seated
 Standing

Time pre-bronchodilator spirometry started

(23:59)

Check here if pre-bronchodilator test not done and add reason in comments below

 Not done**Post-bronchodilator Pulmonary Function Testing**

Time albuterol administered

(23:59)

Check here if albuterol not done and add reason in comments below

 Not done**Subject's spirometry after albuterol**

Time post-bronchodilator spirometry started

(23:59)

Check here if post-bronchodilator spirometry not done and add reason in comments below

 Not done**DLco:**

Date of DLco

SVC

Check here if DLco test not done and add reason in comments below

 Not done

PFT Comments
