(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
d   d   M   M   M   y   y   y
(e.g., 10JUN2005)

Interviewer Code: ☐ ☐ ☐

Circle Field Center Location:

BU   **CU**   **DK**   **UP**

Circle Visit: [1]**Visit 1**   [3]**Visit 2**   [4]**Visit 2 (New Participant)**

Form Version Date: **_13/04/2014__**

Spirometry
(Visit 2)

Please Mark the Appropriate Box Below:

☐[2] ....This Form was Administered In-Person by Study Personnel
☐[3] ....This Form was Administered via Telephone by Study Personnel

Q1a.   Do you usually have a cough, on most days, for 3 or more months during the year?

    ☐[1] ....Yes
    ☐[0] ....No   **Go to Q2a**
    ☐[D] ....Don't Know   **Go to Q2a**
    ☐[R] ....Refused   **Go to Q2a**

Q1b.   For how many years have you had this cough? ____ ____ Years

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Q2a.   Do you usually bring up phlegm from your chest, on most days, for 3 or more months during the year?

    ☐[1] ....Yes
    ☐[0] ....No   **Go to Q3a**
    ☐[D] ....Don't Know   **Go to Q3a**
    ☐[R] ....Refused   **Go to Q3a**

Q2b.   For how many years have you brough up phlegm from your chest like this? ____ ____ Years

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Q3a.   Do you ever use oxygen therapy at home?

    ☐[1] ....Yes
    ☐[0] ....No   **Go to Q4a**
    ☐[D] ....Don't Know   **Go to Q4a**
    ☐[R] ....Refused   **Go to Q4a**

Q3b. When do you use it?

☐ 1 ....Most of the Time
☐ 2 ....Only at Night
☐ 3 ....Only with Exercise

Please answer the following:

Q4a. Does your chest ever sound wheezy or whistling when you have a cold?

☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

Q4b. Does your chest ever sound wheezy or whistling apart from colds?

☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

Q4c. Does your chest sound wheezy or whistling most days or nights?

☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

<u>Interviewer</u>: If participant answered "YES" to <u>ONE or MORE </u>PARTS (4a, 4b, 4c) of this question, complete Q4d below.

Q4d. For how many years has this been present? _____ _____ Years

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Q5. Is the participant's systolic blood pressure greater than 210 mm HG or diastolic blood pressure greater than 120 mm HG?

☐ 1 ....Yes   **Do Not Test**
☐ 0 ....No

Q6. Have you been told that you had a heart attack or stroke in the last three months, or have you had eye, chest, or stomach surgery in the last three months?

☐¹ ....Yes   **Do Not Test**
☐⁰ ....No
☐^D ....Don't Know   **Do Not Test**
☐^R ....Refused   **Do Not Test**

Q7. Have you had any significant problems doing Spirometry in the past?

☐¹ ....Yes   **Inquire about problems. Do Not Test if problems significant (see MOP for definition of significant); proceed with testing if problems not significant.**

☐⁰ ....No
☐^D ....Don't Know
☐^R ....Refused

Q8. Have you had a respiratory infection in the past 2 weeks, for instance, a cold, flu, bronchitis, or pneumonia? ***Note This Question Is For Informational Purposes Only And Is Not An Exclusion Criteria.***

☐¹ ....Yes
☐⁰ ....No
☐^D ....Don't Know
☐^R ....Refused

Q9a. Have you taken any inhalers, "puffers" or inhaled corticosteroids in the last three days (for example, albuterol [Ventolin, Proventil], salmetrol [Serevent], ipratropium [Atrovent, Combivent], tiotropium [Spiriva], Advair, Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, or Vanceril?

☐¹ ....Yes
☐⁰ ....No   **Go to Q10**
☐^D ....Don't Know   **Go to Q10**
☐^R ....Refused   **Go to Q10**

Q9b. Please complete the table below:

Name of Medication	Last Taken			Time last taken						
	Day before yesterday	Yesterday	Today							
						:			:	M
						:			:	M
						:			:	M
						:			:	M

Q10. Did you have any caffeinated coffee, tea, or cola, or other caffeinated drink, in the past 2 hours?

☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

Q11. Did you smoke a cigarette, pipe or cigar during the last hour?

☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

**Interviewer**: **At this time, please conduct Spirometry testing on eligibile participants.**

**Interviewer Script:** _Place the Spirette on the top of your tongue, seal it with your lips, but don't bite down on it. Take a great big deep breath of air as far as you can inhale. BLAST your air into the tube as hard and fast as you can. Keep blowing out until I tell you to stop. Pretend to blow out all the candles on a birthday cake with one breath._

Q12a. Was Spirometry completed?

☐ 1 ....Yes   **Go to Q12b**
☐ 0 ....No   **Go to Q12c**

Q12b. Record results of Spirometry*:

FEV6 Best Value	_____ Liters†
FEV6 % Predicted	_____ %†
FEV$_1$ Best Value	_____ liters†
FEV$_1$ % Predicted	_____ %†
% FEV$_1$	_____ %†
%FEV$_1$ Predicted	_____ %†

* *If FEV6% predicted and FEV$_1$% predicted do not appear on spirometer, still record other three numbers.*

† ***Record numbers as they appear on spirometer, i.e. if a % is displayed as a decimal, record the decimal and DO NOT multiply it by 100.***

Q12c. Specify the reasons(s) why Spirometry was not completed. Select one or more from the provided options:

☐ 1 ....Physically Unable
☐ 2 ....Cognitively Unable
☐ 3 ....Equipment Problem
☐ 4 ....Other (Please Specify)_____
☐ C ....Unable to Follow Instructions
☐ R ....Refused