(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

Interviewer Code: ☐ ☐ ☐

Circle Field Center Location:

BU   CU   DK   UP

Spirometry

Please Mark the Appropriate Box Below:

☐ 1 .... This Form was Administered In-Person by Study Personnel
☐ 2 .... This Form was Administered via Telephone by Study Personnel

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1a.   Do you usually have a cough, on most days, for 3 or more months during the year?

☐ 1 .... Yes
☐ 0 .... No   **Go to Q2**
☐ D .... Don't Know   **Go to Q2**
☐ R .... Refused   **Go to Q2**

1b.   For how many years have you had this cough? ____ ____ Years

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2a.   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 Q3**
☐ D .... Don't Know   **Go to Q3**
☐ R .... Refused   **Go to Q3**

2b.   For how many years have you brough up phlegm from your chest like this? ____ ____ Years

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3a.   Do you ever use oxygen therapy at home?

☐ 1 .... Yes
☐ 0 .... No   **Go to Q4**
☐ D .... Don't Know   **Go to Q4**
☐ R .... Refused   **Go to Q4**

3b.   When do you use it?

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

Please answer the following:

4a.   Does your chest ever sound wheezy or whistling when you have a cold?

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

4b.   Does your chest ever sound wheezy or whistling apart from colds?

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

4c.   Does your chest sound wheezy or whistling most days or nights?

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

__Interviewer:__ If participant answered "YES" to __ONE or MORE__ PARTS (4a, 4b, 4c) of this question, complete Q4d below.

4d.   For how many years has this been present? ____ ____ Years

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5.   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

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6. 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**

7. 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

8. 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
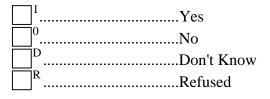> ☐ᴿ ....Refused

9a. 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**

9b.   Please complete the table below:

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

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

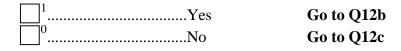☐ 1 ....Yes
☐ 0 ....No
☐ D ....Don't Know
☐ R ....Refused

11.   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 blosing out until I tell you to stop. Pretend to blow out all the candles on a birthday cake with one breath.*

12a.   Was Spirometry completed?

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

12b. Record results of Spirometry*:

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

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

12c.   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