INSTRUCTIONS FOR SPIROMETRY DATA FORM FOR FOLLOW-UP SDF, VERSION 2.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Spirometry Data Form for Follow-up is completed during the participant's Clinic Visit 5.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **Exhaled carbon monoxide measured** Select only one option among the two possible choices.

- Select No if the study staff member did not measure the subject's exhaled carbon monoxide. [Go to Q2]
- Select Yes if the study staff member did measure the subject's exhaled carbon monoxide.

Note: Question 1a has been removed.

Item 2. **Pre-bronchodilator spirometry measured** Select only one option among the two possible choices.

- Select No if the study staff member did not measure the subject's pre-bronchodilator spirometry. [Go to Q2]
- Select Yes if the study staff member did measure the subject's pre-bronchodilator spirometry.

Item 2a. **Time slow vital capacity procedure began** Record the time slow vital capacity procedure began in hours:minutes in 24-hour clock time.

Item 3a. **Pre-bronchodilator inspiratory capacity value** Record the reported/best pre-bronchodilator inspiratory capacity value in L-BTPS.

Item 3b. **Pre-bronchodilator expiratory slow vital capacity procedure began** Record the reported/best pre-bronchodilator expiratory slow vital capacity value in L-BTPS.

Item 3c. **Pre-bronchodilator FEV_1** Record the reported/best pre-bronchodilator FEV_1 value in L-BTPS.

Item 3d. **Pre-bronchodilator FVC** Record the reported/best pre-bronchodilator FVC value in L-BTPS.

Item 3e. **Pre-bronchodilator FEV1/FVC ratio** CDART will calculate the pre-bronchodilator FEV1/FVC ratio once the FEV1 and FVC values have been entered.

Item 4. **Post-bronchodilator spirometry measured** Select only one option among the two possible choices.

- Select No if the study staff member did not measure the subject's post-bronchodilator (after ipratropium and albuterol) spirometry. [Go to Q2]
- Select Yes if the study staff member did measure the subject's post-bronchodilator (after ipratropium and albuterol) spirometry.

Item 4a. **Time first puff of ipratropium administered** Record the time the first puff of ipratropium was administered in hours:minutes in 24-hour clock time.

Item 4b. **Time slow vital capacity procedure began** Record the time slow vital capacity procedure began in hours:minutes in 24-hour clock time.

Item 5a. **Post-bronchodilator inspiratory capacity value** Record the reported/best post-bronchodilator inspiratory capacity value in L-BTPS.

Item 5b. **Post-bronchodilator expiratory slow vital capacity procedure began** Record the reported/best post-bronchodilator expiratory slow vital capacity value in L-BTPS.

Item 5c. **Post-bronchodilator FEV_1** Record the reported/best post-bronchodilator FEV_1 value in L-BTPS.

Item 5d. **Post-bronchodilator FVC** Record the reported/best post-bronchodilator FVC value in L-BTPS.

Item 5e. **Post-bronchodilator FEV1/FVC ratio** CDART will calculate the post-bronchodilator FEV1/FVC ratio once the FEV1 and FVC values have been entered.

Note: Question 6 has been removed.

Item 7. **Complications during spirometry** Select only one option among the two possible choices.

- Select No if the study staff member did not experience complications during spirometry. [Go to End]
- Select Yes if the study staff member did experience complications during spirometry.

Item 7a **Explain complications** If Yes to Q7, use the space provided to explain the complications during spirometry

Item 8. **Other comments** Record other comments related to the spirometry collection in the space provided.

Save and close the form.