A. Preliminary Questions to Ask Participant Prior to Testing. A “yes” answer will require that spirometry be postponed. *Note: Postpone spirometry for the time(s) indicated.*

1. [ ] Have you had a respiratory infection in the past 3 weeks (including today)?
   - 1 No
   - 2 Yes*
   
   If yes, reschedule tests for 3 weeks from time of resolution of symptoms.

2. [ ] In the past 6 hours, have you used a short-acting inhaled bronchodilator, such as Albuterol® (brand names Proventil® or Ventolin®) or Ipratropium (brand name Atrovent®)?
   - 1 No
   - 2 Yes*
   
   If yes, postpone tests for 6 hours or more from the last time of inhalant usage.

3. [ ] In the past 24 hours, have you used a long-acting inhaled bronchodilator, such as Salmeterol (brand name Serevent®), or a long-acting oral bronchodilator, such as Proventil Repetabs® or a twice-daily Theophylline (brand name Theodur® or Theobid®).
   - 1 No
   - 2 Yes*
   
   If yes, postpone test 24 hours or more.

4. [ ] In the past 6 hours, have you used a short-acting oral bronchodilator (such as Proventil® 2 mg or 4 mg) or an over-the-counter preparation for chest congestion, wheezing or asthma?
   - 1 No
   - 2 Yes*
   
   If yes, postpone test for 6 hours or more from the time the medication was taken.

B. Participant data

5. [ ] Age of participant

6. [ ] Gender (sex) of participant
   - 1 Male
   - 2 Female

7. [ ] cm Height of participant (with shoes removed)
C. Spirometry: Perform the spirometry per the recommendations of the American Thoracic Society (ATS) utilizing the SpiroPro device provided to each study site.

8a. Date of spirometry: [200] (mm-dd-yyyy)

8b. Date reflects postponed spirometry date:
   1. No
   2. Yes

8c. Verify that flow-volume measurements were performed as per ATS criteria:
   1. No
   2. Yes

9. FVC (L-BTPS)
   From the best trial

10. FVC% predicted

11. FEV₁
   From the best trial

12. FEV₁ % predicted
   FEV₁ % predicted = 100 x (observed FEV₁/predicted FEV₁)

13. FEV₁/FVC
   Calculated using the best FEV₁ and best FVC

Comments (may include comments on effort, etc.):

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________________________________________________________________________________________________________

Signature of person responsible for data: ____________________________ Date form completed (mm-dd-yyyy): [200]

Signature of person entering data onto web: ____________________________