

Multi-Ethnic Study of Atherosclerosis



Spirometry Completion Form

Participant Id#:

Acrostic:

Date:

Month

Day

Year

Please administer questions before starting spirometry exam:

1 Have you been told that you had a heart attack or stroke in the last month?

- Yes → Don't perform test. Skip to question 5.
- No → Proceed with spirometry

2 Have you had any significant problems doing spirometry in the past?

- Yes
- No

Comments:

3 Did you have any caffeinated coffee, tea or cola, or other caffeinated drink, in the last 2 hours?

- Yes
- No
- Don't Know

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

- Yes
- No

5 Spirometry was:

- Completed. → Time completed: : am pm

- Not completed. If not completed,

Reason not completed:

- Refused
- Physically unable
- Cognitively unable
- Equipment problem
- Other, please specify:

Please perform the Maximal Inspiratory Pressure (MIP) measurement and complete the following items:

6 Maximal inspiratory pressure (MIP) Measurement

MIP reading:

- #1 cmH2O
- #2 cmH2O
- #3 cmH2O
- #4 cmH2O
- #5 cmH2O

7 Degree of effort that participant expended during the MIP maneuvers:

- Poor
- Fair
- Good
- Maximal

8 MIP measurement was:

Completed. → Time Completed: : am pm

Not completed. If not completed,

Reason not completed:

- Refused
- Physically unable
- Cognitively unable
- Equipment problem
- Other, please specify:

For MESA Field Center Use Only:

Technician ID: Reviewer ID: Data Entry ID: