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| Please administer questions <u>before starting spirometry exam</u> . | | | | |
|---|---|--|--|--|
| 1. Have you been told that you had a heart attack, stroke, or eye, chest or abdominal surgery in the last 3 months? | | | | |
| O Yes → Don't perform spirometry. O No → Complete questions 2- 4 and proceed with spirometry | | | | |
| 2. Have you had any significant problems doing spirometry? | | | | |
| O Yes O No Comments: | | | | |
| Have you had any caffeinated coffee, tea or cola, or other caffeinated drink, in the last 2 hours? (This is <u>not</u> an exclusion criteria) | | | | |
| O yes O No O | Don't Know | | | |
| 4. Did you smoke a cigarette, pipe or cigar during the last hour? (This is not an exclusion criteria) | | | | |
| O Yes O No | | | | |
| 5. Pre-Bronchodilator Spirometry was: <u>Time completed:</u> | | | | |
| Completed ○ → | Hr Min O pm | | | |
| | Reason not completed: O Refused O Equipment problem O Physically unable O Restricted as per spirometry software O Cognitively unable O Other, please specify: | | | |

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| COPD/Lung - Spirometry Complet | tion Page 2 | | |
|--|--|------------------------------------|------------------------|
| 6. If selected for albuterol? | | | |
| O Yes, by spirometry so | ftware | | |
| O Yes, randomly selecte | ed | | |
| ○ No → skip to E | | | |
| • | | | |
| Administered (2 puffs) O → | Time completed: Hr Min | O am O pm | |
| - | Reason not completed: | | |
| Not administered O → | ORefused | Equipment prob | olem |
| | O Physically unable | O Restricted as p | er spirometry software |
| | O Cognitively unable | O Other, please s | pecify: |
| | | | |
| | | | |
| 7. Post-Bronchodilator Spirometry w | vas: | | |
| Completed ○ → | Time completed Hr Mi | O am O pm | |
| | Reason not completed: | |) |
| Not completed O → | O Refused | O Equipment pro | blem |
| | O Physically unable | O Restricted as p | er spirometry software |
| | O Cognitively unable | O Other, please s | specify: |
| | | | |
| | ` | | · ['] |
| 8. Final Selection for MESA COPD | (Columbia, JHU, NWU, (| JCLA only): | |
| Eligibility for MESA Eligible | e but not selected | | Not selected for |
| | SA COPD | Not eligible | MESA COPD |
| o † | ○ ↓ | 0 | 0 |
| performCOPD Six MinuteandWalk, Lung CT scan,ScreQuestionnaire and MRIMinuprotocol.scan | in/confirm consent perform COPD eening form, Six ute Walk, Lung CT n, Questionnaire MRI protocol | | |
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