



# Exam 7 Spirometry Completion Form

Participant ID #:   
 Acrostic:   
 Technician ID:   
 Date:  /  /   
 Month / Day / Year

**Please administer questions before starting spirometry exam.**

1. Are spirometry and nasal swab collection being performed in clinic or at a home visit?

- In clinic
- Home visit  $\longrightarrow$  *Note: Do not perform post-bronchodilator spirometry (Skip Q7-9)*

2. Is systolic blood pressure >180 OR diastolic blood pressure >110 from Seated Blood Pressure?

- Yes  $\longrightarrow$  *Don't perform spirometry or nasal swab*
- No  $\longrightarrow$  *Proceed to next question*

SBP   
 DBP

3. Have you had a cold or the flu that started in the past 4 weeks, or have you had a positive COVID test in the past 4 weeks?

- Yes  $\longrightarrow$  *Don't perform spirometry or nasal swab. If no other exclusion criteria, reschedule spirometry once participant is 4 weeks past infection.*
- No  $\longrightarrow$  *Proceed to next question*

4. Have you been told that you had a heart attack, stroke, or eye, chest or abdominal surgery in the last 3 months?

- Yes  $\longrightarrow$  *Don't perform spirometry, only nasal swab*
- No  $\longrightarrow$  *Proceed to next question*

5. Have you had any significant problems doing spirometry?

- Yes
  - No
- Comments:

6. Pre-Bronchodilator Spirometry was:

- Completed
- Not completed

Time completed:

:   
 Hr Min

AM  
 PM

*Upload PDF of spirometry curves in E7 REDCap Spirometry Completion Form*

Reason not completed:

- Refused
- Physically unable
- Cognitively unable
- Equipment problem
- Restricted as per spirometry software
- Other, please specify:

**If Home visit, skip to Nasal Brushing section (Q10).**



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7. Do you have an implanted cardiac pacemaker or implanted cardioverter-defibrillator (ICD)?

*Pre-fill with 'Yes' if previously reported.*

- Yes       $\longrightarrow$       *Do not administer albuterol; do not perform post-bronchodilator spirometry—skip to Q10*
- No       $\longrightarrow$       *If selected for albuterol, proceed with albuterol and post-bronchodilator spirometry*

**Note: If this participant is completing spirometry at a home visit, go to Question 10. Home visit participants are not selected for post-bronchodilator spirometry.**

8. Selected for Albuterol?

- Yes, by spirometry software
- No       $\longrightarrow$       *Skip to Q10*

- Administered (2 puffs)  $\longrightarrow$
- Not administered  $\longrightarrow$

Time completed:

□   □	:	□   □		<input type="radio"/> AM
Hr		Min		<input type="radio"/> PM

Reason not completed:

<input type="radio"/> Refused	<input type="radio"/> Restricted as per spirometry software
<input type="radio"/> Physically unable	<input type="radio"/> Other, please specify:
<input type="radio"/> Cognitively unable	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="radio"/> Equipment problem	

9. Post-Bronchodilator Spirometry was:

- Completed  $\longrightarrow$
- Not completed  $\longrightarrow$

Time completed:

□   □	:	□   □		<input type="radio"/> AM
Hr		Min		<input type="radio"/> PM

*Upload PDF of spirometry curves in E7 REDCap Spirometry Completion Form*

Reason not completed:

<input type="radio"/> Refused	<input type="radio"/> Restricted as per spirometry software
<input type="radio"/> Physically unable	<input type="radio"/> Other, please specify:
<input type="radio"/> Cognitively unable	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="radio"/> Equipment problem	



# Exam 7 Spirometry

## Nasal Swab Collection

	Yes*	No
10. Are you currently taking an anticoagulant such as warfarin, low molecular weight heparin, or newer oral direct acting anticoagulants?	<input type="radio"/>	<input type="radio"/>
11. Are you currently taking aspirin, clopidogrel or other anti-platelet medication?	<input type="radio"/>	<input type="radio"/>
12. Have you had recent nasal trauma or surgery?	<input type="radio"/>	<input type="radio"/>
13. Do you have a history of severe nose bleeds?	<input type="radio"/>	<input type="radio"/>

**\*If YES to any of Q10-13, do not proceed with nasal swab collection. Select NO for Q14.**

14. Was nasal swab completed?

- Yes, both nares swabbed
- Partial, only one naris swabbed
- No

Time completed:

<input type="text"/>	:	<input type="text"/>	<input type="radio"/> AM
Hr		Min	<input type="radio"/> PM

Reason not completed:

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