

MSH Patients' Follow Up - Extension I
Form 68 - Spirometry Data Form

Instructions

1. A spirometry data (pulmonary function test) form should be completed three times during the 5 year extension period. At AV06, AV08 and at AV10. If the only pulmonary function test available in an Annual Visit window is from a period of hospitalization or diagnostic work-up, report those results only if the patient was clinically stable.
2. Performance according to the American Thoracic Society (ATS) standards is expected as is a post-bronchodilator study.

MSH PATIENTS' FOLLOW UP - EXTENSION I SPIROMETRY DATA FORM	CLINIC								
	ID								
	NAME								
	AV								
	VIS-DT								

1. Pre-Bronchodilator spirometry performed: **PRESPIRO** Yes () No ()

If NO, skip to item 2.

- A. FEV-1: **PREFEV** _____ L
- B. FVC: **PREFVC** _____ L
- C. FEF 25-75 **PREFEF25** _____ L
- D. FEF 50 **PREFEF50** _____ L
- E. PEF **PREPEF** _____ L

2. Post-Bronchodilator spirometry performed: **POSTSPIRO** Yes () No ()

If NO, skip to item 3.

- A. FEV-1: **POSTFEV** _____ L
- B. FVC: **POSTFVC** _____ L
- C. FEF 25-75 **POSTFEF25** _____ L
- D. FEF 50 **POSTFEF50** _____ L
- E. PEF **POSTPEF** _____ L

3. Height (cm) (999.8 if unknown): **HGT** _____

4. Weight (kg) (999.8 if unknown): **WGT** _____

5. Was an assessment of lung volumes performed? Yes () No () **LUNAVOL**

If NO, skip to item 6.

If Yes:

A. Method

- Plethysmography () **PLETHYSMO**
- Helium Dilution () **HE DILUTION**
- Other () **OTHER**

Specify SPECIFY

B. Lung Volumes

Total Lung Capacity (TLC) _____ L LUNG CAP
 Functional Residual Capacity (FRC) _____ L RESID CAP
 Residual Volume (RV) _____ L RESID VOL

6. Was Single Breath Capacity measured? Yes () No () CAP MEAS

If NO, skip to Item 7.

A. Single Breath Diffusing Capacity (report one)

B REATH CAP _____ ml/min/Hg

Checked for completeness and accuracy:										
Signature:										
Date:										

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID					
Annual Visit			A	V	