

PULMONARY FUNCTION TESTS
 Clinical Study of IPPB

Form 1-4

Date tests started 5-10
 Mo Day Yr

A. PATIENT IDENTIFICATION

1. Treatment center number 11

2. Patient number 12-15

3. Date of birth 16-21
 Mo Day Yr

B. VISIT INFORMATION

1. Month number (0-36) 22-23

2. Comment if other than regularly scheduled visit

C. TREATMENT SINCE LAST SPIROGRAM

1. Date of last spiogram 33-38
 Mo Day Yr

2. Are any of the following therapies or types of drugs being prescribed or used now or have any of them been prescribed or used by the patient since the last spiogram?

	DATE STARTED	DATE STOPPED	SPECIFY	DOSE	NO	YES	
a. Metaproterenol inhaler	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	39
b. Other cartridge inhaler	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	40
c. Oral theophylline	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	41
d. Other oral bronchodilator	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	42
e. Antibiotics	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	43
f. Oral corticosteroid	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	44
g. Inhaled corticosteroid	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	45
h. Digoxin	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	46
i. Diuretic	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	47
j. Expectorant	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	48
k. Cough syrup	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	49
l. Vaporizer	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	50
m. Other- 1	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	51
n. Other - 2	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	52
o. Chest physiotherapy	_____	_____	_____	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	53

Patient # _____ Date _____

3. Have there been any changes in medication since the last quarterly clinic visit? If YES, describe the reason(s):

NO YES

54

4. How many hours have elapsed from the time the patient took his last bronchodilator or used power-assisted breathing to the time of the prebronchodilator spirogram? Specify type and dose:

β. 55-56

5. If less than 6 hours, what is the reason?

Patient forgot 57

Patient too sick 2

Other _____ 3

D. HEIGHT AND WEIGHT

1. Height (with shoes removed) (use either cm or inches)

cm 61-63

inches 64-65

2. Weight (to nearest unit with all heavy outdoor garments and shoes removed) (use either kg or pounds)

kg 66-68

pounds 69-71

E. PREBRONCHODILATOR DIFFUSING CAPACITY

1. Was this procedure performed? (If NO, SKIP to Section F)

Yes 73

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. 1st D_LCO (ml/min/mmHg) 78-79

3. 2nd D_LCO (ml/min/mmHg) 84-85

4. 3rd D_LCO (ml/min/mmHg) 90-91

F. PREBRONCHODILATOR SINGLE BREATH NITROGEN WASHOUT

1. Was this procedure performed? (If NO, SKIP to Section G)

Yes 93

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. Phase III, % N₂ change 94-95

G. PREBRONCHODILATOR PLETHYSMOGRAPHY

1. Was this procedure performed? (If NO, SKIP to Section H)

Yes 86

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. FRC (L) 97-100

3. Raw (cm H₂O/L/sec) 101-104

4. Vtg 106-109

H. PREBRONCHODILATOR SPIROMETRY

1. Was this procedure performed? (If NO, SKIP to Section I)

Yes 113

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. 1st FVC (L) 114-117

3. 1st FEV₁ (L) 118-121

4. 2nd FVC (L) 122-125

5. 2nd FEV₁ (L) 126-129

6. 3rd FVC (L) 130-133

7. 3rd FEV₁ (L) 134-137

8. Best FEF 25-75 (L/sec) 138-141

Patient # _____

Date _____

J. Slow VC (L) . 142-145

10. IC (L) . 146-149

I. POSTBRONCHODILATOR PLETHYSMOGRAPHY

1. Was this procedure performed?
(If NO, SKIP to Section J)

Yes 1 150

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. FRC (L) . 151-154

3. Raw (cm H₂O/L/sec) . 155-158

4. Vtg . 160-163

J. POSTBRONCHODILATOR SPIROMETRY

1. Was this procedure performed?
(If NO, SKIP to Section K)

Yes 1 164

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. 1st FVC (L) . 165-168

3. 1st FEV₁ (L) . 169-172

4. 2nd FVC (L) . 173-176

5. 2nd FEV₁ (L) . 177-180

6. 3rd FVC (L) . 181-184

7. 3rd FEV₁ (L) . 185-188

8. Best FEF 25-75 (L/sec) . 189-192

9. Slow VC (L) . 193-196

10. IC (L) . 197-200

K. PRESSURE VOLUME CURVES

1. Was this procedure performed?
(If NO, SKIP to Section L)

Yes 1 211

No, patient refused 2

No, patient too ill 3

Specify _____ No, other reason 4

2. Pel at TLC . b 212-215

3. Pel at 90% TLC . b 216-219

4. Pel at 80% TLC . b 220-223

5. Pel at 70% TLC . b 224-227

6. Pel at FRC . b 228-231

7. TLC-FRC (L) . 232-235

8. FRC (L) . 236-239

L. Person responsible for information recorded on this form:

_____ Date _____