

QUARTERLY PULMONARY FUNCTION TESTS

Clinical Study of IPPB

Form     1-4

Date of tests       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 (1-36)   22-23
2. Type of visit
- Quarterly (Sections A-E only)  24
- Semi-annual (All sections)  2

C. BRONCHODILATOR TREATMENT

1. 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?   55-56
- Specify type and dose:
- \_\_\_\_\_
- \_\_\_\_\_

2. If less than 6 hours, what is the reason?
- Patient forgot  57
- Patient too sick  2
- Other \_\_\_\_\_  3

D. PREBRONCHODILATOR SPIROMETRY

1. Was this procedure performed? (If NO, SKIP to Section E)
- Yes  61
- No, patient refused  2
- No, patient too ill  3
- \_\_\_\_\_ No, other reason  4

2. 1st FVC (L)     62-65
3. 1st FEV<sub>1</sub> (L)     66-69
4. 2nd FVC (L)     70-73
5. 2nd FEV<sub>1</sub> (L)     74-77
6. 3rd FVC (L)     78-81
7. 3rd FEV<sub>1</sub> (L)     82-85
8. Best FEF 25-75 (L/sec)     86-89

E. POSTBRONCHODILATOR SPIROMETRY

1. Was this procedure performed? (If NO, SKIP to Section F)
- Yes  96
- No, patient refused  2
- No, patient too ill  3
- \_\_\_\_\_ No, other reason  4

2. 1st FVC (L)     97-100
3. 1st FEV<sub>1</sub> (L)     101-104
4. 2nd FVC (L)     105-108
5. 2nd FEV<sub>1</sub> (L)     109-112
6. 3rd FVC (L)     113-116
7. 3rd FEV<sub>1</sub> (L)     117-120
8. Best FEF 25-75 (L/sec)     121-124

F. ARTERIAL BLOOD GASES (SEMIANNUAL ONLY)

1. Was this procedure performed? (If NO, SKIP to Section G)
- Yes  120
- No, patient refused  2
- No, patient too ill  3
- \_\_\_\_\_ No, other reason  4

Patient # \_\_\_\_\_

Date \_\_\_\_\_

2. PaO<sub>2</sub> on room air (mmHg)  130-132

3. PaCO<sub>2</sub> on room air (mmHg)  133-135

4. pH on room air  136-139  
NO YES

5. Is the patient on supplemental oxygen? (If NO, SKIP to section G.)  NO  YES 145

6. How many hours have elapsed since the patient last used oxygen? Comment if less than 2 hours.  146-147

7. PaO<sub>2</sub> on oxygen  148-150

8. PaCO<sub>2</sub> on oxygen  151-153

9. pH on oxygen  154-157

G. Person responsible for information recorded on this form:

\_\_\_\_\_ Date \_\_\_\_\_