

ILLNESS-RELATED SPIROMETRY

Clinical Study of IPPB

This form should be completed at a clinic visit if the patient is having an acute exacerbation or has not been stable for at least 2 weeks following a hospitalized exacerbation.

Form 1-4

Date of visit 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. PRELIMINARY INFORMATION

1. Month number (0-36) 22-23
2. Why is this form being used?

	NO	YES	
a. Current acute exacerbation?	<input type="text" value="1"/>	<input type="text" value="2"/>	30
b. Recent hospitalized exacerbation?	<input type="text" value="1"/>	<input type="text" value="2"/>	31
3. Date of onset (99 99 99 if unknown) 32-37
Mo Day Yr

Please list diagnosis/major observations _____

4. Major problems

	NO	YES	
a. Worsening airway obstruction with infection	<input type="text" value="1"/>	<input type="text" value="2"/>	38
b. Worsening airway obstruction without infection	<input type="text" value="1"/>	<input type="text" value="2"/>	39
c. Pneumonia	<input type="text" value="1"/>	<input type="text" value="2"/>	40
d. Acute myocardial infarction	<input type="text" value="1"/>	<input type="text" value="2"/>	41
e. Left ventricular failure	<input type="text" value="1"/>	<input type="text" value="2"/>	42
f. Right ventricular failure	<input type="text" value="1"/>	<input type="text" value="2"/>	43

- | | NO | YES | |
|----------------------------|--------------------------------|--------------------------------|----|
| g. Pneumothorax | <input type="text" value="1"/> | <input type="text" value="2"/> | 44 |
| h. Pulmonary embolism | <input type="text" value="1"/> | <input type="text" value="2"/> | 45 |
| i. Arrhythmia: atrial | <input type="text" value="1"/> | <input type="text" value="2"/> | 46 |
| j. Arrhythmia: ventricular | <input type="text" value="1"/> | <input type="text" value="2"/> | 47 |
| k. Other: _____ | <input type="text" value="1"/> | <input type="text" value="2"/> | 48 |

C. MEDICATIONS

1. Therapies prescribed at this visit (Comment on any changes below)

- | | NO | YES | |
|------------------------------|--------------------------------|--------------------------------|----|
| a. Metaproterenol inhaler | <input type="text" value="1"/> | <input type="text" value="2"/> | 61 |
| b. Other cartridge inhaler | <input type="text" value="1"/> | <input type="text" value="2"/> | 62 |
| c. Oral theophylline | <input type="text" value="1"/> | <input type="text" value="2"/> | 63 |
| d. Other oral bronchodilator | <input type="text" value="1"/> | <input type="text" value="2"/> | 64 |
| e. Antibiotics | <input type="text" value="1"/> | <input type="text" value="2"/> | 65 |
| f. Oral corticosteroids | <input type="text" value="1"/> | <input type="text" value="2"/> | 66 |
| g. Inhaled corticosteroids | <input type="text" value="1"/> | <input type="text" value="2"/> | 67 |
| h. Digoxin | <input type="text" value="1"/> | <input type="text" value="2"/> | 68 |
| i. Diuretic | <input type="text" value="1"/> | <input type="text" value="2"/> | 69 |
| j. Expectorant | <input type="text" value="1"/> | <input type="text" value="2"/> | 70 |
| k. Cough syrup | <input type="text" value="1"/> | <input type="text" value="2"/> | 71 |
| l. Vaporizer | <input type="text" value="1"/> | <input type="text" value="2"/> | 72 |
| m. Other - 1 | <input type="text" value="1"/> | <input type="text" value="2"/> | 73 |
| n. Other - 2 | <input type="text" value="1"/> | <input type="text" value="2"/> | 74 |
| o. Chest physiotherapy | <input type="text" value="1"/> | <input type="text" value="2"/> | 75 |

Comments: _____

Patient # _____

Date _____

2. How many hours have elapsed from the time the patient took his last bronchodilator to the time of the prebronchodilator spirogram?

76-77

Specify type and dose:

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

Patient forgot 1 78

Patient too sick 2

_____ Other 3

D. SPIROMETRY BEFORE BRONCHODILATION

1. Was this procedure performed? (If NO, skip skip to Section E)

Yes 1 101

No, patient refused 2

No, patient too ill 3

_____ No, other reason 4

2. 1st FVC (L) 102-105

3. 1st FEV₁ (L) 106-109

4. 2nd FVC (L) 110-113

5. 2nd FEV₁ (L) 114-117

6. 3rd FVC (L) 118-121

7. 3rd FEV₁ (L) 122-125

8. Best FEF 25-75 (L/sec) 126-129

E. Person responsible for information recorded on this form:

_____ Date _____