



L-PVDOMICS STUDY

Pulmonary Function Testing Form #671

Instructions: This form is completed for all levels of participants for the L-PVDOMICS Study. Each PFT component has a separate date question so if tests are done on different dates, you will be able to record multiple dates. *PFTs will not be reviewed by a Central Core – do not transmit any tracings/printouts.*

Note:

- 1) PFTs must have been **completed at the local** L-PVDOMICS center
- 2) PFT's must be at least 6 months past the enrollment date of the PVDOMICS (parent) Study
- 3) PFT's must **not** be more than 3 months prior to or after Form 500 L-PVDOMICS Study enrollment date
- 4) If there are multiple test components (spirometry, plethysmography, DLCO), use the one closest to the Form 500 L-PVDOMICS Study enrollment date.

The database will allow most questions to be skipped over if information is not available.

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1. Identification Number

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2. Alphacode

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3a. Date of review for PFT tests: mm/dd/yyyy

4. Were pulmonary function test results available for this participant?
 0=No, no PFT data identified at time of medical record review, skip to Q200
 1=Yes, PFT results available– continue to Q4.
5. Time of day (24-hour clock) (hh:mm):.....
6. Participant height (measured)(cm)
7. Participant weight (measured)(kg)
8. a. Ambient temperature (°C)..... .
 b. Barometric pressure (mmHg)
 c. Conversion factor (ATPS to BTPS)..... .
9. Was hemoglobin measured within 2 weeks of PFTs? (0=No, 1=Yes, 9=Unknown).....

Report hemoglobin value in Q15d if single breath DLCO is done.

SPIROMETRY

10. a. Was spirometry done?
 0=No, skip to Q14
 1=Yes, pre-bronchodilator (bd) only
 2=Yes, post-bronchodilator only
 3=Yes, both pre-bd and post-bd done
 9=Unknown
- b. Date of spirometry testing (mm/dd/yyyy) / /

11. a. Participant position (1=Sitting, 2=Standing, 9=Unknown).....

b. Resting (sitting) heart rate: (bpm)

PRE-BRONCHODILATOR (BD) SPIROMETRY: (Record the three BEST of up to eight efforts)

	<u>TEST 1</u>	<u>TEST 2</u>	<u>TEST 3</u>
12. a. FVC (L) (BTPS).....	____.____	____.____	____.____
b. FEV ₁ (BTPS)	____.____	____.____	____.____
c. FEV ₁ /FVC (%).....	____.____	____.____	____.____
d. Forced expiratory flow (FEF 25-75) (L/S)...	____.____	____.____	____.____
e. Peak Flow (L/S)	____.____	____.____	____.____
f. Forced expiratory time (FET)	____.____	____.____	____.____

POST-BRONCHODILATOR SPIROMETRY (Record the three BEST of up to eight efforts)

13. Number of minutes spirometry done post-bronchodilator treatment

a. Type of bronchodilator used (1=Albuterol, 2=Levosinbutamol, 3=Other, 9=Unknown).....

b. Method of inhalation (1=MDI, 2=Nebulized, 3=Other, 9=Unknown)

	<u>TEST 1</u>	<u>TEST 2</u>	<u>TEST 3</u>
c. FVC (L) (BTPS).....	____.____	____.____	____.____
d. FEV ₁ (BTPS)	____.____	____.____	____.____
e. FEV ₁ /FVC (%).....	____.____	____.____	____.____
f. Forced expiratory flow (FEF 25-75) (L/S).....	____.____	____.____	____.____
g. Peak Flow (L/S)	____.____	____.____	____.____
h. Forced expiratory time (FET).....	____.____	____.____	____.____

PLETHYSMOGRAPHY (LUNG COMPARTMENTS)

14. Were plethysmography (body box) tests done?

0=No, skip to Q15

2=Yes, post-bronchodilator only

9=Unknown

1=Yes, pre-bronchodilator (bd) only

3=Yes, both pre-bd and post-bd done

a. Date of plethysmography testing (mm/dd/yyyy) ____/____/____

**BODY (BOX)
PLETHYSMOGRAPHY****PRE-
BRONCHODILATOR****POST-
BRONCHODILATOR**

c. Participant position (1=Sit, 2=Stand, 9=Unk.) ____

d. FRC (L) (BTPS) ____ . ____

____ . ____

e. ERV (L) ____ . ____

____ . ____

f. RV (box) ____ . ____

____ . ____

g. SVC (L) ____ . ____

____ . ____

h. IC (L) ____ . ____

____ . ____

i. TGV (box) ____ . ____

____ . ____

j. TLC (box) ____ . ____

____ . ____

SINGLE BREATH DLCO

For DLCO, the test must have a vital capacity completed on the same day prior to doing DLCO testing. The vital capacity comes from either the Lung Volume (Body Plethysmography) or Spirometry. The DLCO should have the same date as one of those two tests or it should NOT be entered into the database.

15. a. Were Single Breath DLCO tests done?

0=No, skip to Q200.

1=Yes, and done on the same day as either Spirometry or Lung Volumes

2=Yes, but not done with either spirometry or lung volumes, skip to Q200.

9=Unknown

b. Date of DLCO testing (mm/dd/yyyy) ____/____/____

SINGLE BREATH DLCO, continued:**Submit uncorrected values only.**

	<u>TEST 1</u>	<u>TEST 2</u>
c. Participant position (1=Sit, 2=Stand, 9=Unknown)	_____	_____
d. When was test performed?(1=Pre-BD, 2=Post-BD, 9=Unk) ____	_____	_____

For the following: Indicate two individual values if available OR, if not, indicate average value from printout.

	VALUE 1	VALUE 2		AVERAGE OF 2 TESTS
e. DLCO (mlCO/min/mmHg).....	_____.____	_____.____	OR	_____.____
f. Hemoglobin (g/dl)	_____.____			
g. DL/VA (mlCO/min/mmHg/L) (BTPS) ..	_____.____	_____.____	OR	_____.____
h. VA (alveolar volume)	_____.____	_____.____	OR	_____.____
i. Vin (inspired volume)	_____.____	_____.____	OR	_____.____

Comments _____

200. Date form completed (mm/dd/yyyy) ____/____/____

201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____