



## PVDOMICS STUDY

### Pulmonary Function Testing Form #270

**Instructions:** This form should be completed for each set of Pulmonary Function Tests (PFT) done for the PVDOMICS Study. It should be included in the packet of materials transmitted to the Data Coordinating Center accompanied by the required printouts and tracings. Use Form 271 for reporting historical PFTs.

*Note:* Ideally, this test should be rescheduled for any of the following conditions, please refer back to PFT MOP Chapters:

- The participant consumed any caffeine-containing products within 6 hours
- The participant ate a large meal within 2 hours
- The participant consumed alcohol within 4 hours

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1. Identification Number

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2. Alphacode.

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3a. Date of PFT: mm/dd/yyyy

3. b. Did this participant attempt/complete pulmonary function testing (PFT)? (0=No, 1=Yes).....

c. Why were the PFTs not done? .....

1=Participant attempted but could not tolerate procedure

2=Physician judgment/medical contraindication

3=Logistics issue with clinical center

4=Logistics issue with participant

5=Participant refused

4. Visit type (1=Initial, 2=Other).....

5. Time of day (24-hour clock) (hh:mm) .....:.....

6. Participant height (measured)(cm) ..... .

7. Participant weight (measured)(kg) ..... .

8. a. Is the PFT Tech name known (0=No, 1=Yes) .....

b. If yes, username of PFT Tech who performed test .....

(Note: Username of PFT Tech is the first 6 letters of last name and first initial of first name)

Name of PFT Tech who performed test .....

*(will not be entered into the database)*

9. a. Ambient temperature (°C)..... .

b. Barometric pressure (mmHg) ..... .

c. Conversion factor (ATPS to BTPS)..... .

**A copy of the daily 3L syringe calibration should be made available if requested by PFT Core.**

#### PARTICIPANT STATUS

10. a. Did participant use a prescription or non-prescription inhaled bronchodilator within 8 hours prior to testing? (0=No, 1=Yes, 9=Unknown).....

**If NO, skip to Question 11.**

b. If yes, how many hours prior to testing did participant use the bronchodilator?.....

11. Did participant smoke any tobacco (cigarettes, e-cigarettes, cigars, pipes, etc.)  
within 1 hour prior to testing? (0=No, 1=Yes, 9=Unknown) \_\_\_\_\_
12. Did participant exercise strenuously within 1 hour prior to testing? (0=No, 1=Yes, 9=Unknown) \_\_\_\_\_
13. a. Does participant use supplemental oxygen? (0=No, 1=Yes, 9=Unknown) \_\_\_\_\_  
b. If yes, prescribed oxygen use (liters per minute) \_\_\_\_\_ . \_\_\_\_\_  
c. Was supplemental oxygen discontinued at least 10 minutes prior to testing? (0=No, 1=Yes) \_\_\_\_\_  
d. If no, how many minutes before O2 discontinued prior testing? \_\_\_\_\_
14. a. Has the participant taken a Theophylline preparation within the past 36 hours?  
(0=No, 1=Yes, 9=Unknown) \_\_\_\_\_  
**If NO to Q14, skip to Question 15.**  
**If YES to Q14, specify drug taken** \_\_\_\_\_
- b. How many hours before first spirometry was last dose of theophylline taken? \_\_\_\_\_ . \_\_\_\_\_
15. a. Has participant had an acute respiratory infection (including colds, influenza, acute bronchitis, pneumonia, pleurisy or abdominal and/or chest surgery) within 2 weeks prior to the visit? (0=No, 1=Yes, 9=Unknown)? \_\_\_\_\_  
  
If YES, specify: \_\_\_\_\_  
**If YES to Q15, try to reschedule PFT testing for at least three weeks post-surgery or after the infection has cleared.**
- b. Was participant rescheduled? (0=No, 1=Yes) \_\_\_\_\_  
If NO, why not: \_\_\_\_\_
16. Mouthpiece size used (1=Standard, 2=Non-Standard, 9=Unknown) \_\_\_\_\_  
(If Non-Standard, *specify model*: \_\_\_\_\_)
17. Was hemoglobin measured within 2 weeks of PFTs? (0=No, 1=Yes) \_\_\_\_\_

*Report hemoglobin value in Q23d if single breath DLCO is done.*

### **SPIROMETRY**

18. Was spirometry done? \_\_\_\_\_  
0=No, skip to Q22  
1=Yes, pre-bronchodilator (bd) only, go to Q19  
2=Yes, post-bronchodilator only, go to Q19  
3=Yes, both pre-bd and post-bd done, go to Q19
19. a. Participant position (1=Sitting-[*expected*], 2=Standing) \_\_\_\_\_  
b. Resting (sitting) heart rate: (bpm) \_\_\_\_\_  
c. Instrument used (Instrument must be reported on Form 20 and number assigned) \_\_\_\_\_

*Spirometry measurements are recorded on next page.*

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

	<b><u>TEST 1</u></b>	<b><u>TEST 2</u></b>	<b><u>TEST 3</u></b>
20. a. FVC (L) (BTPS).....	____.____	____.____	____.____
b. FEV <sub>1</sub> (BTPS).....	____.____	____.____	____.____
c. FEV <sub>1</sub> /FVC (%).....	____.____	____.____	____.____
d. Forced expiratory flow (FEF 25-75) (L/S)...	____.____	____.____	____.____
e. Peak Flow (L/S) .....	____.____	____.____	____.____
f. Forced expiratory time (FET) .....	____.____	____.____	____.____
g. If all three tests are not recorded here, state reason _____			
h. Are flow volume-loop tracings x 3 attached? (0=No, 1=Yes) .....			
i. Are flow volume-time loop tracings x 3 attached? (0=No, 1=Yes) .....			

**Note: If resting heart rate is  $\geq 120$  bpm, contact physician prior to administering bronchodilator.****POST-BRONCHODILATOR SPIROMETRY (Record the three BEST of up to eight efforts)**

21. Number of minutes spirometry done post-bronchodilator treatment ..... \_\_\_\_\_

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

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

	<b><u>TEST 1</u></b>	<b><u>TEST 2</u></b>	<b><u>TEST 3</u></b>
c. FVC (L) (BTPS).....	____.____	____.____	____.____
d. FEV <sub>1</sub> (BTPS).....	____.____	____.____	____.____
e. FEV <sub>1</sub> /FVC (%).....	____.____	____.____	____.____
f. Forced expiratory flow (FEF 25-75) (L/S).....	____.____	____.____	____.____
g. Peak Flow (L/S) .....	____.____	____.____	____.____
h. Forced expiratory time (FET).....	____.____	____.____	____.____
i. If all three tests are not recorded here, state reason _____			
j. Are flow-volume loop tracings x 3 attached? (0=No, 1=Yes) .....			
k. Are volume-time tracings x 3 attached? (0=No, 1=Yes) .....			

**LUNG COMPARTMENTS**

22. Were plethysmography (body box) tests done? .....

0=No, skip to Q23

2=Yes, post-bronchodilator only

1=Yes, pre-bronchodilator (bd) only

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

Please attach all available numeric and graphic data relating to lung compartments and DLCO. Columns for both pre- and post-bronchodilators are provided if the tests are done at all. If either pre- OR post- is done, simply complete the applicable column and mark the other column "not done".

**BODY (BOX)  
PLETHYSMOGRAPHY****PRE-  
BRONCHODILATOR****POST-  
BRONCHODILATOR**a. Participant position (1=Sit [*expected*], 2=Stand) ..... \_\_\_\_\_

\_\_\_\_\_

b. FRC (L) (BTPS) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

(Note: either FRC or TGV must be available for test to be valid.)

c. ERV (L) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

d. RV (box) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

e. SVC (L) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

f. IC (L) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

g. TGV (box) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

(Note: either FRC or TGV must be available for test to be valid.)

h. TLC (box) ..... \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_ . \_\_\_\_\_

i. Are all box and mouth pressure tracings/printouts attached? (0=No, 1=Yes) .....

j. Are all volume-time curves/printouts attached? (0=No, 1=Yes) .....

**SINGLE BREATH DLCO**

23. Were Single Breath DLCO tests done? (0=No, skip to Q100, 1=Yes) .....

**To be measured twice at least four minutes apart. Submit uncorrected values only.****TEST 1****TEST 2**a. Participant position (1=Sit [*expected*], 2=Stand) ..... \_\_\_\_\_

\_\_\_\_\_

b. When was test performed? (1=Pre-BD, 2=Post-BD) ..... \_\_\_\_\_

\_\_\_\_\_

*DLCO measurements are recorded on next page*

**SINGLE BREATH DLCO, continued**

**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
c. DLCO (mlCO/min/mmHg).....	____.____	____.____	OR	____.____
d. Hemoglobin (g/dl) .....	____.____			
e. DL/VA (mlCO/min/mmHg/L) (BTPS) ..	____.____	____.____	OR	____.____
f. VA (alveolar volume).....	____.____	____.____	OR	____.____
g. Vin (inspired volume) <i>or</i> IVC.....	____.____	____.____	OR	____.____

h. Are DLCO volume-time tracings attached? (0=No, 1=Yes) .....

i. Are gas analysis curves attached (0=No, 1=Yes) .....

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

100. Date de-identified tracings transferred to DCC (mm/dd/yyyy) ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

200. Date form completed (mm/dd/yyyy) ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

201. Username of person completing/reviewing completeness of this form..... \_\_\_\_\_

<b>Clinical Center Use Only</b>
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Date form entered (mm/dd/yyyy) ____/____/____
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Username of person entering this form _____
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