1. Date
2. *Height (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *Weight (kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Height and Weight should be*

1. Sitting height (cm) chair seat to top of head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Arm span (cm) fingertip to fingertip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Spirometry RESULTS BEFORE BRONCHODILATORS

5.1 Forced Vital Capacity (L, BTPS (Body Temperature and Pressure Saturated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.2 Forced Expiratory Volume/1 Sec (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.3 FEV/FVC (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.4 Forced Expiratory Flow Rate

 5.4.a. at peak flow (L/sec. BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5.4.b. at 50% of vital capacity (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5.4.c at 25% of vital capacity (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5.4.d FEF 25-75% (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Were spirometry values also obtained AFTER A BRONCHODILATORS WAS USED?

[ ]  Yes

[ ]  No

IF YES ⇩
6.1 Type/dosage of bronchodilator administered

(NOTE: BRONCHODILATOR MUST BE ADMINISTERED AS SPECIFIED IN EITHER 1 OR 2 BELOW)

[ ]  1.0.5 cc albuterol plus 2 cc of normal saline

[ ]  2 Metered dose inhaler & spacer; 2 puffs of albuterol

6.2 SPIROMETRY RESULTS BEFORE BRONCHODILATORS

6.2.1 Forced Vital Capacity (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_

6.2.2 Forced Expiratory Volume/1 Sec (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_

6.2.3 FEV/FVC (%): \_\_\_\_\_\_\_\_\_\_\_

6.2.4 Forced Expiratory Flow Rate

6.4.a. at peak flow (L/sec. BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.4.b. at 50% of vital capacity (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.4.c at 25% of vital capacity (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.4.d FEF 25-75% (L/sec, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Lung Volumes

7.1 Total Lung Capacity (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.2 Functional Residual Capacity (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.3 Residual Volume (L, BTPS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.4 RV/TLC (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.5 Measurements obtained by (CHECK ONE):

 [ ]  1. 7-minute Helium rebreathing methods

 [ ]  2. Body plethysmography

 [ ]  3. Nitrogen Washout

8. Single Breath Diffusing Capacity-CO

 8.1 Diffusing Capacity (ml/min/mmHg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UNCORRECTED FOR HEMOGLOBIN AND LUNG VOLUME

8.2 Hemoglobin (g/dl) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.3 Single Breath TLC (L, BTPS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.4 Single Breath Residual Volume (L, BTPS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Quality of test

 [ ]  1. Excellent

 [ ]  2. Fair

 [ ]  3. Unacceptable

10. Arterial blood gases (drawn with patient at rest, sitting, breathing room air)

PLEASE DO NOT REPORT BLOOD GASES WHICH WERE DRAWN WHILE SUBJECT WAS
SICK, UNSTABLE OR ON OXYGEN

10.1 pO2 (mmHg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.2 pCO2 \_\_\_\_\_\_\_\_\_\_\_\_\_

10.3 pH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.4 Body temperature at time blood is drawn (°C):

11. Was pulse oximetry performed?

 [ ]  1. No

 [ ]  2. Yes

 IF YES 11.1% O2 saturation by pulse oximetry. \_\_\_\_\_\_\_\_\_\_\_\_\_

12. Was co-oximetry performed?

 [ ]  1. No

 [ ]  2. Yes

 IF YES,12.1% O2 saturation by pulse oximetry. \_\_\_\_\_\_\_\_\_\_\_\_\_

12.1 Carbpxyhemoglobin \_\_\_\_\_\_\_\_\_\_\_\_\_

12.2 Methemoglobin \_\_\_\_\_\_\_\_\_\_\_\_\_