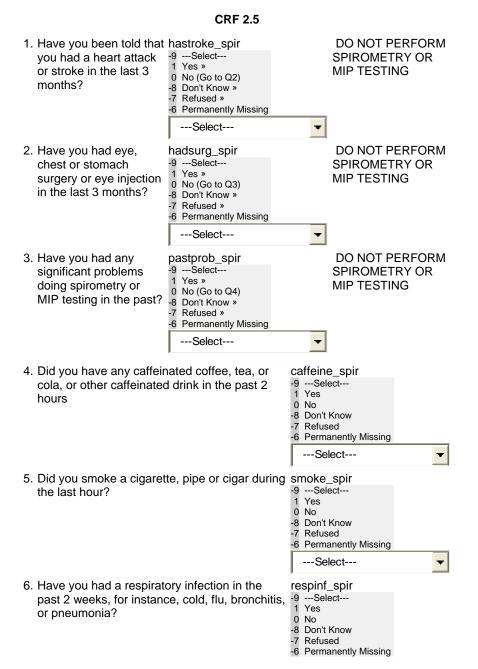
## Dataset name: spir\_v2.5



## **Spirometry & MIP Data Collection Form**



Was the participant	able to complete	spirometry and	MIP testing?

---Select---

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7. Was the participant able to complete spiror	etry and MIP te	sting?
Spirometry: spirtest_spir		elds no longer of 12/12/2011 **
-9 - 1 Yes » 0 No (specify reasons below) -6 Permanently Missing	FEV6 Best Value (Liters)	fev6best_spir
- If No: spirtestreas_spir	FEV6 % predicted Best Value	fev6predbest_spir
	FEV1 Best Value (Liters)	fev1best_spir
	FEV1 % predicted Best Value	fev1predbest_spir
	FEV1/FEV6 (use above best values)	fev61best_spir (x.xx)
MIP: Trials: miptest_spir		elds no longer of 12/12/2011 **
-9 - 1 Yes » 0 No (specify reasons below) -6 Permanently Missing	MIP Reading Highest Value (cm H2O)	miphigh_spir
-        1 If No: miptestreas_spir	MIP Reading 2nd Highest Value (cm H2O)	mip2ndhigh_spir
2 3 4		

5. \_\_\_

## ALERT VALUES

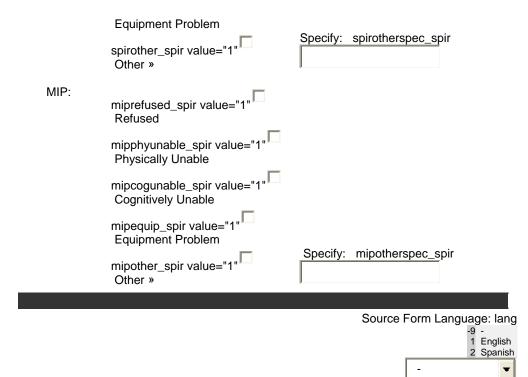
If the BEST value for the Forced Expiratory Volume in 1-Second (FEV1) or the BEST value for the Forced Expiratory Volume in 6-Seconds (FEV6) is less than 50 %Predicted, the participant will need to be examined by a qualified LIFE staff member who will evaluate the patient for signs of respiratory distress (i.e., severe shortness of breath), as well as initiate a referral to the primary care provider for further evaluation and management.

No alert values are required for the MIP testing.

If spirometry or MIP not completed, specify the reason(s) below as to why the spirometry or MIP was not completed

Spirometry:

у.	spirrefused_spir value="1"
	spirphyunable_spir value="1"
	spircogunable_spir value="1"
	spirequip_spir value="1"



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		LIFE	Acrosti	ic
	Participant ID	Interviewer		Visit Code:
	(affix ID label here)		Date of	
			Visit d	ay year
	Spirometry &	MIP Data C	ollection Form	ı
			Yes →	
1.	Have you been told that you had a heart	attack or	No (Go to Q2)	DO NOT PERFORM SPIROMETRY
	stroke in the last 3 months?	l	Don't Know 🔶	OR MIP TESTING
		[	Refused →	
	└── Yes →			
2.	Have you had eye, chest, or stomach su injection in the last 3 months?	rgery or eye	No <i>(Go to</i> Q3)	DO NOT PERFORM SPIROMETRY
			OR MIP TESTING	
	Refused ->			
		[		DO NOT PERFORM
3.	Have you had any significant problems d spirometry or MIP testing in the past?	loing	No <i>(Go to</i> Q4) Don't Know →	SPIROMETRY OR MIP TESTING
	Did you have any affeingted affect too	ar colo ar othar		Don't Know
4.	caffeinated drink in the nast 2 hours?			Refused
5.	5. Did you smoke a cigarette, pipe or cigar during the last hour?			
6				
0.	6. Have you had a respiratory infection in the past 2 weeks, for Section 2 S			
7. Was the participant able to complete spirometry and MIP testing?				
-	Yes →	FEV6 Best Val	ue (Liters)	
	No (specify reasons below)	FEV6 % predic	ted Best Value	
- Spirometry:		FEV1 Best valu	ie (Liters)	
		FEV1% Predict	ed Best Value	
		FEV1/FEV6 (us	se above best values)	

	LIFE	Acrostic
Participant ID (affix ID label here)		Visit Code

Question 7 continued			
MIP:	Yes → No (specify reasons below)	MIP Reading Highest Value (cm H2O)	
		MIP Reading 2 <sup>nd</sup> Highest Value (cm H2O)	
		ALERT VALUES	
If the <b>BEST value</b> for the Forced Expiratory Volume in 1-Second (FEV1) or the <b>BEST value</b> for the Forced Expiratory Volume in 6-Seconds (FEV6) is <b>less than 50 %Predicted</b> , the participant will need to be examined by a qualified LIFE staff member who will evaluate the patient for signs of respiratory distress (i.e., severe shortness of breath), as well as initiate a referral to the primary care provider for further evaluation and management.			
If spirometry or MIP not completed, specify the reason(s) below as to why the spirometry or MIP was not completed			
	Refused		
	Physically Unable		
Spirometry:	Cognitively Unable		
	Equipment Problem		
	Other -> spec	ify →	
	Refused		
MIP:	Physically Unable		
	Cognitively Unable		
	Equipment Problem		
	Other → spec	sify →	