

OSCILLOMETRY TESTING

ID NUMBER:

FORM CODE: **OSC**
 VERSION: 1.0 11/19//2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit to document that the oscillometry testing occurred.

1) Was pre-bronchodilator oscillometry testing done?

- No₀ → **Go to 2**
 Yes₁

1a) Time pre-bronchodilator testing began: : AM₁ / PM₂

2) Was post-bronchodilator (after ipratropium and albuterol) oscillometry testing done?

- No₀ → **Go to 3**
 Yes₁

2a) Time first puff of bronchodilator given: : AM₁ / PM₂

2b) Time post-bronchodilator testing began: : AM₁ / PM₂

3) Were there any complications during any phase of oscillometry testing?

- No₀ → **Go to 4**
 Yes₁

3a) If Yes, please explain:

4) Other comments:

END OF FORM