INSTRUCTIONS FOR OSCILLOMETRY DATA FORM
OSC, VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Oscillometry Data Form (OSC) is to be completed during the participant's Clinic Visit 5 or Bronchoscopy Substudy Visit to document that the oscillometry testing occurred.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Item 1. **Pre-bronchodilator oscillometry testing:** Select only one option among the two possible choices.

- Select No if the pre-bronchodilator oscillometry testing **was not** done. [Go to Q2]
- Select Yes if the pre-bronchodilator oscillometry testing **was** done.

Item 1a. **Start time of pre-bronchodilator oscillometry testing:** Record the time that the pre-bronchodilator testing began in hours: minutes.

Item 2. **Post-bronchodilator (after ipratropium and albuterol) oscillometry testing:** Select only one option among the two possible choices.

- Select No if the post-bronchodilator oscillometry testing **was not** done. [Go to Q3]
- Select Yes if the post-bronchodilator oscillometry testing **was** done**.**

Item 2a. **Start time of bronchodilator:** Record the time that the first puff of bronchodilator was given in hours: minutes.

Item 2b. **Start time of slow vital capacity procedure:** Record the time that the slow vital capacity procedure began in hours: minutes.

Item 3. **Complications during testing:** Select only one option among the two possible choices.

- Select No if there were **no complications** during any phase of testing. [Go to Q4]
- Select Yes if there were **complications** during any phase of testing.

Item 3a. **Describe complications:** Describe complications that occurred during any phase of testing.

Item 4. **Comments:** Record any additional comments in the space provided.

Save and close the form.