

D - Resp - COPD And Asthma

Please complete the survey below.

Thank you!

Does the participant have COPD, asthma, or both?

☐ COPD only
☐ Asthma only
☐ Both COPD and asthma
☐ Neither COPD nor asthma
☐ Not Certain

Has the participant had a spirometry test?

☐ Yes
☐ No

1. Spirometry and diagnosis

Does the participant have clinical evidence of obstruction as diagnosed by spirometry?

☐ Yes
☐ No

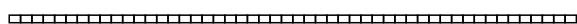
Please select one of the two options below for verification of the spirometry test.

If both are available, please select ATS/ERS

☐ ATS/ERS criteria reported: FEV1/FVC < 5th percentile OR z score \leq -1.65
☐ GOLD criteria reported: FEV1/FVC < 0.7 (postbronchodilator, or prebronchodilator if postbronchodilator not available)

What is the FEV1 (percent predicted) (if known)?

0 150



(Place a mark on the scale above)

FEV1/FVC < 5th percentile OR z score \leq -1.65 ?

☐ Yes
☐ No

FVC < 0.7 OR z score \leq -1.65 ?

☐ Yes
☐ No

Is there a full PFT including lung volumes?

☐ Yes
☐ No

Is there evidence of restrictive ventilatory defect (TLC < 5th percentile or z score \leq -1.65)?

☐ Yes
☐ No

Did the participant meet the criteria for responsiveness on bronchodilator testing?

☐ Yes
☐ No
☐ Not Certain

(Increase in FEV1 or FVC by 200ml and 12 % from baseline with bronchodilators)?

Does the participant have a history of confirmed expiratory airflow variability?

☐ Yes
☐ No
☐ Not Certain

(Increase in FEV1 or FVC by \geq 200ml and \geq 12 % from baseline with bronchodilators or ICS after 4 weeks therapy; or positive bronchial challenge testing)?

2. Disease Subtype

Does the participant have disease subtype for COPD?

- ☐ Yes
☐ No
☐ Not Certain

Please select all that apply:

- ☐ Chronic bronchitis
☐ Emphysema
☐ Eosinophilic (Type2high COPD)
☐ Alpha-1 AntitrypsinDeficiency (AATD)

What is the mMRC grade score?

What is the CAT score?

What is the GOLD Group? (A/B/E)

- ☐ A
☐ B
☐ E

Is the clinical probability of asthma high (e.g. allergic or eosinophilic phenotype, variable respiratory symptoms including wheezing, cough, chest tightness, dyspnea, etc)?

- ☐ Yes
☐ No

Does the participant have disease subtype for asthma?

- ☐ Yes
☐ No
☐ Not Certain

Please select all that apply:

- ☐ Allergic
☐ Eosinophilic
☐ Type 2 low
☐ Obese
☐ Other

Please specify:

Is the FeNO value available within last 12 months?

- ☐ Yes
☐ No

Provide value (ppb)

(ppb)

[DEPRECATED]

Absolute eosinophil count in last 12 months (highest value - cells per microliter (μL))

(cells per microliter (μL))

Absolute eosinophil count in last 12 months (highest value - cells per microliter (μL))

(cells per microliter (μL))

What is the ACT score on the most recent visit?

- ☐ Controlled (>20)
☐ Not controlled (15-19)
☐ Poorly controlled (< 15)
☐ Not Certain

Has the participant had PFT within the past 6 months?

- ☐ Yes
☐ No
-

Please upload results

How many moderate (requiring OCS course) exacerbations in prior 12 months? _____

How many severe (requiring hospitalization) exacerbations in prior 12 months ? _____

3. Current symptoms and participant history

Does the participant have any of the following pulmonary symptoms? (Check all that apply)

- ☐ Dyspnea
☐ Chronic Cough
☐ Sputum production
☐ Wheezing
-

Check all that are present:

- ☐ Chest CT - with emphysema changes, air trapping, or bronchiectasis
☐ CXR: with hyperlucency or hyperinflation or flattened diaphragms
☐ Chronic hypercapnic respiratory failure
☐ Pulse oximetry with hypoxia/oxygen dependent
☐ Interstitial Lung Disease
☐ Pulmonary Hypertension
☐ Respiratory failure requiring intubation within the last 12 months
☐ Respiratory failure requiring NIPPV within the last 12 months
☐ Pneumonia within the last 12 months
☐ Pneumothorax within the last 12 months
☐ Pleural effusion within the last 12 months
☐ Prior history of thoracic or pleural space surgery (example: lobectomy, pleurodesis, etc)
-

Is participant a current smoker?

- ☐ Yes
☐ No
☐ Not Certain
-

Does the participant have at least a 10 pack year tobacco cigarette history?

- ☐ Yes
☐ No
☐ Not Certain
-

Does the participant have any other significant inhalation exposure history?

- ☐ Yes
☐ No
☐ Not Certain
-

Please select all that apply (optional):

- ☐ Secondhand smoke
☐ Biomass fuels
☐ Other
-

Please specify:

Does the participant have a strong environmental allergy history?

- ☐ Yes
☐ No
☐ Not Certain

4. Treatment obtained

What pharmacologic treatment is the participant currently receiving? (Select all that apply)

- ☐ LABA
- ☐ LAMA
- ☐ SABA
- ☐ SAMA
- ☐ ICS
- ☐ PDE 4 inhibitor
- ☐ Methylxanthines
- ☐ Biologics
- ☐ Systemic steroids
- ☐ Antibiotics
- ☐ Mucolytics
- ☐ PDE 3 and Inhibitor
- ☐ Leukotriene Inhibitors
- ☐ Others

Is the participant on low, medium or high dose ICS?

- ☐ Low dose
- ☐ Medium dose
- ☐ High dose
- ☐ Not Certain