

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA PFT - Ver. 1.1**Section Title: PFT****Instructions:**

Date Completed

☐ Blank

Tester ID

1) Does the participant have any of the following PFT contraindications? (mark all that apply)

If any apply, cancel test, mark "Contraindication" for Reason PFT not performed.Myocardial infarction within past 3 months ☐ No ☐ YesUnstable angina ☐ No ☐ YesSurgery (abdomen thorax) within past 3 months ☐ No ☐ YesSurgery (eye) within past 3 months ☐ No ☐ YesSyncope with forced exhalation ☐ No ☐ YesRecent URI (upper respiratory infection) ☐ No ☐ YesPulmonary Embolus within past 3 months ☐ No ☐ Yes

Thoracic Abdominal or Cerebral aneurysm ☐ No ☐ Yes

Uncontrolled Hypertension (SBP ≥ 180 mmHg or DBP ≥ 110 mmHg) ☐ No ☐ Yes

Acute disease process that might interfere with test performance (e.g. nausea vomiting etc) ☐ No ☐ Yes

2) Is the participant on a bronchodilator? ☐ Yes ☐ No [Click to deselect entry](#) 2a) How long ago (hours) was it taken? (hours)

3) Was PFT performed? ☐ Yes ☐ No [Click to deselect entry](#)

3a) Reason test not performed, or **unsatisfactory**

☐ Contraindication ☐ Physical problems ☐ Cognitive ☐ Physical and Cognitive ☐ Refused to perform the test ☐ Technical problems ☐ Other (please specify)

Other (please specify)

4) All 3 good trials were achieved ☐ Yes (3) ☐ None good trials were achieved ☐ Only one good trial was achieved ☐ Two good trials were achieved

If **None** or **One**,
Go to Question 3a) Reason test not performed or **unsatisfactory**