

**PHYSICAL MEASUREMENTS IN ADULTS - SPIROMETRY (SPI)**

SPI002\_PRE Next, we'd like to measure the amount (volume) and speed at which air flows to and from your lungs when you breathes. Before doing this test I need to determine if this test is appropriate based on the following questions.

**INTERVIEWER: HIT ENTER CONTINUE**

SPI002 Did you have any surgery over the past 3 months?

**SPI002 FMT\_YES\_NO.**

- <1> YES
- <2> NO **(SKIP TO SPI006)**
- <d> DON'T KNOW
- <r> REFUSED

SPI004 Which if any of the following types of surgery have you had over the past 3 months.

**SPI004\_A FMT\_SURGERY.**  
**SPI004\_B FMT\_SURGERY.**  
**SPI004\_C FMT\_SURGERY.**

**(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY. HIT 'x' WHEN DONE)**

- <1> EYE SURGERY
- <2> OPEN CHEST OR ABDOMINAL SURGERY
- <3> OTHER SURGERY
- <d> DON'T KNOW
- <r> REFUSED

SPI006 Did you or anyone in the household have tuberculosis in the past year?

**SPI006 FMT\_YES\_NO.**

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SPI008 Has a doctor or other health professional ever told you that you had a collapsed lung?

**SPI008 FMT\_YES\_NO.**

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

SPI012 Has a doctor or other health professional ever told you that you had an aneurysm?

**SPI012 FMT\_YES\_NO.**

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- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

SPI014 In the past month, have you ever coughed up blood?

**SPI014 FMT\_YES\_NO.**

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

SPI016 Have you had a stroke in the last 3 months?

**SPI016 FMT\_YES\_NO.**

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

SPI018 Have you had a heart attack in the last 3 months?

**SPI018 FMT\_YES\_NO.**

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

**[(IFSPI004=1 or 2, d, or r) OR (IF SPI006 = 1, d, or r) OR (IF SPI008 = 1, d, or r) OR (IF SPI012 = 1, d, or r) OR (IF SPI014=1, d, or r) OR (IF SPI016 = 1, d, or r) OR (IF SPI018=1, d or r) THEN GO TO SPI300; ELSE GO TO SPI140]**

SPI140 Are you willing to do the spirometry test?

**SPI140 FMT\_YES\_NO.**

- <1> YES
- <2> NO (**SKIP TO SP1300**)

SPI150 The following questions are about things researchers need to know about you when analyzing the data and comparing it to other groups of subjects.

**SPI150 FMT\_YES\_NO.**

Have you smoked in the last hour?

**PHYSICAL MEASUREMENTS IN ADULTS - SPIROMETRY (SPI)**

(PARAMETERS THAT MAY AFFECT ACCURACY OR COMPARABILITY. WILL NOT EXCLUDE, BUT NEED TO BE NOTED)

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

SPI160 Have you consumed alcohol in the last 4 hours?

**SPI160 FMT\_YES\_NO.**

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

SPI170 Have you performed any vigorous activity in the last 30 minutes?

**SPI170 FMT\_YES\_NO.**

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

SPI180 Have you eaten a large meal in the last 2 hours?

**SPI180 FMT\_YES\_NO.**

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

SPI190 Are you wearing any clothes that will prevent your chest or abdomen from expanding fully?

**SPI190 FMT\_YES\_NO.**

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

SPI200 Do you have a cough at the current time?

**SPI200 FMT\_YES\_NO.**

<1> YES  
<2> NO  
<d> DON'T KNOW  
<r> REFUSED

**PHYSICAL MEASUREMENTS IN ADULTS - SPIROMETRY (SPI)**

SPI210 For this next test I will ask you to take a deep breath, then blow out as hard and as fast as you can using a mouthpiece connected to the machine with tubing. The spirometer then measures the total amount exhaled, called the forced vital capacity for FVC, and how much you exhaled the first second, called the forced expiratory volume in 1 second, or FEV1.

**INTERVIEWER: HIT ENTER TO CONTINUE**

SPI250 FEV1/FVC READINGS

<0-20> <d> DON'T KNOW <r> REFUSED

#	FEV1	FVC		
1	_____	<b>SPI250_A1</b>	<b>FMT_NUMERIC.</b>	_____ <b>SPI250_B1</b> <b>FMT_NUMERIC.</b>
2	_____	<b>SPI250_A2</b>	<b>FMT_NUMERIC.</b>	_____ <b>SPI250_B2</b> <b>FMT_NUMERIC.</b>
3	_____	<b>SPI250_A3</b>	<b>FMT_NUMERIC.</b>	_____ <b>SPI250_B3</b> <b>FMT_NUMERIC.</b>

If necessary:  
(2 FEV1 values much be within 10% of the highest value)

#	FEV1	
4	_____	<b>SPI250_A4</b> <b>FMT_NUMERIC.</b>
5	_____	<b>SPI250_A5</b> <b>FMT_NUMERIC.</b>
6	_____	<b>SPI250_A6</b> <b>FMT_NUMERIC.</b>
7	_____	<b>SPI250_A7</b> <b>FMT_NUMERIC.</b>
8	_____	<b>SPI250_A8</b> <b>FMT_NUMERIC.</b>

SPI300 **[IF EXCLUDED]** EXPLAIN TO THE SUBJECT THAT THE TEST IS NOT RECOMMENDED BECAUSE OF THE ANSWERS THEY GAVE AND GO ON TO THE NEXT TEST

ADDITIONAL COMMENTS ABOUT TEST, CONDITIONS OR REASON REFUSED IF THEY VOLUNTEERED THIS.

(E.G NOTE WHY REFUSED IF IT IS VOLUNTEERED)

**SPI300** **\$FMT\_CHAR.**

<1> ENTER COMMENTS  
<2> NO COMMENTS

SPIpost This is the end of the lung function testing portion of the study.

**INTERVIEWER: HIT ENTER CONTINUE [GO BACK TO MENU]**