

BABY HUG FOLLOW-UP STUDY II

PULMONARY FUNCTION TESTING

Do hemoglobin and pulse oximetry along with PFT

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: _____ 2. Current Clinic: _____
SUBJECT_ID SITE_ID
3. Patient's Letter Code: _____ LETTER_CD
4. Testing Date: _____ - _____ - _____
VISIT_DT Month Day Year

PART II: DEMOGRAPHIC INFORMATION

1. Height: _____ . _____ (1) inches HT_UNIT
(2) centimeters
- A. Height is measured by:
Standing height (1)
Arm span (2) HT_METHOD
2. Weight: _____ (1) pounds WT_UNIT
(2) kilograms
3. With which primary race or ethnicity does the patient identify? PFTRACE
(Check only one)
White (Caucasian) (1)
Hispanic (2)
African-American (3)
Asian or Pacific Islander (4)
Other or none of the above (5)
Unknown / undetermined (6)
4. Does the patient identify with more than one race or ethnicity? MORETHAN_ONERACE
Yes (1)
No (2)

PART III: SPIROMETRY

1. Date of spirometry: _____ - _____ - _____ SPIROMETRY_DT
Not done
(1)
Month Day Year

If spirometry 'Not done', skip to Part V.

NOTE: The PFT tech should try to obtain an exhalation effort of ≥ 6 seconds

2. Pre-bronchodilator spirometry: PRE_BRONCH_SPIROM_ND
Not done
(1)

If pre-bronchodilator spirometry 'Not done', skip to 3.

A. Pre-bronchodilator Results:

0. Was the participant's effort acceptable and reproducible according to ATS guidelines?

Yes (1) PRE_EFFORT
No (2)*
Questionable (3)*

- *a. If no or questionable, why was effort unacceptable, unreproducible, or questionable?

PRE_EFFORT_SP

- | | | | | | | |
|----|--------------------------------------|-----------|---------------|---|----------|--------------|
| | | | | | Not done | |
| 1. | FEV ₁ | PREFEV1 | _____ . _____ | L (largest) | (1) | PREFEV1_ND |
| 2. | FVC | PREFVC | _____ . _____ | L (largest) | (1) | PREFVC_ND |
| 3. | PEFR
(FEF _{max}) | PREPEFR | _____ . _____ | L/second
(largest) | (1) | PREPEFR_ND |
| 4. | FEF
25-75 | PREFEF25 | _____ . _____ | L/second
(from largest
FEV ₁ +FVC) | (1) | PREFEF25_ND |
| 5. | Ratio
(FEV ₁ /
FVC) | PRE_RATIO | _____ . _____ | | (1) | PRE_RATIO_ND |

ID Number				Visit			Seq	

3. Post-bronchodilator:

A. Post-bronchodilator spirometry: POST_BRONCH_SPIROM_ND Not done
(1)

If post-bronchodilator spirometry 'Not done', skip to Part V.

1. Was the participant's effort acceptable and reproducible according to ATS guidelines?

Yes	(1)	
No	(2)*	POST_EFFORT
Questionable	(3)*	

*a. If no or questionable, why was effort unacceptable, unreproducible, or questionable?

POST_EFFORT_SP

B. Bronchodilator: BRONCH

Albuterol 2.5 mg by nebulizer (1)

Other (2)

1. Specify: BRONCH_SP

						Not done
C. FEV ₁	POSTFEV1	_____ . _____	L (largest)	(1)	POSTFEV1_ND	
D. FVC	POSTFVC	_____ . _____	L (largest)	(1)	POSTFVC_ND	
E. PEFR (FEF _{max})	POSTPEFR	_____ . _____	L/second (largest)	(1)	POSTPEFR_ND	
F. FEF25-75	POSTFEF25	_____ . _____	L/second (from largest FEV ₁ +FVC)	(1)	POSTFEF25_ND	
G. Ratio (FEV ₁ /FVC)	POST_RATIO	_____ . _____		(1)	POST_RATIO_ND	

ID Number

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Visit

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Seq

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PART IV: LUNG VOLUME

Record actual Pre-Bronchodilator Measurements

1. Lung volume: LUNG_VOL2
 Not done (*skip to Part V*) (1)
 Performed in conformance with BHFUII requirements (i.e., meets ATS guidelines for acceptability) (2)
 Technique was acceptable with good effort (3)
 Technique was acceptable with questionable effort (4)
 Results not interpretable (5)
- A. Was the participant able to perform 3 acceptable maneuvers? LUNG_3MANEU
 Yes (1)
 No (2)
2. Date lung volume performed: LUNG_VOL_DT
 _____ - _____ - _____

Month
Day
Year
3. Technique: LUNGV_TECH

Plethysmography
(preferred)
(1)
Helium dilution
(2)
Nitrogen washout
(3)
4. TLC Not done
 _____ . _____ L (mean FRC+MAX IC) TLC (1) TLC_ND
5. Maximum SVC MAX_SVC
 _____ . _____ L (1) MAX_SVC_ND
6. RV RV
 _____ . _____ L (TLC-highest VC) (1) RV_ND
7. Mean FRC (TGV) MEAN_FRC
 _____ . _____ L (mean from 3 maneuvers) (1) MEAN_FRC_ND

PART V: DIFFUSING CAPACITY

1. DLCO: DLCO
 Not done (*skip to Part VI*) (1)
 Performed in conformance with BHFUII requirements (2)
 Not in conformance with BHFUII requirements, but results are clinically interpretable (3)
 Results not interpretable (4)
- A. Was the participant's effort acceptable and reproducible according to ATS guidelines? DLCO_EFFORT
 Yes (1)
 No (2)*
 Questionable (3)*

*1. If no or questionable, why was effort unacceptable, unreproducible, or questionable?

DLCO_EFFORT_SP

ID Number	Visit	Seq
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2. Date D_LCO performed: _____ - ^{DLCO_DT}_____ - _____
Month Day Year

Not
done

3.	Mean D _L CO (uncorrected for hemoglobin)	_____ . _____	MEAN_DLCO <i>mL/min/mmHg</i>	(1)	MEAN_DLCO_ND
4.	Hemoglobin	_____ . _____	HEMOGLOBIN <i>g/dL</i>	(1)	HEMOGLOBIN_ND
5.	Alveolar Volume	_____ . _____	VA <i>L (largest)</i>	(1)	VA_ND

PART VI: PULSE OXIMETRY

1. Oxygen saturation (room air): _____ % O₂SAT Not done
(1) O₂S_ND

PART VII: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number: - CERT_NO

B. Signature: _____ CERT_SIG

C. General Comments: GEN_CMNT

ID Number				Visit			Seq		
							-		