WOMEN'S INTERAGENCY HIV STUDY
FORM PFTSCR: PFT SCREENING FORM

A1. PARTICIPANT ID: |___|-|___|___|-|___|___|___|___|-|___|

A2. WIHS CORE VISIT NUMBER DURING WHICH PFT IS COMPLETED: |___|___|

A3. FORM VERSION: **0 4 / 0 2 / 1 8**

A4. FORM COMPLETED BY: |___|___|___|

A5. DATE: |___|___| / |___|___| / |___|___|
M D Y

INSTRUCTIONS: ASK THE PARTICIPANT THE FOLLOWING SET OF QUESTIONS BEFORE SPIROMETRY/DLCO TESTING TO DETERMINE ELIGIBILITY AND TO INFORM TESTING RESULTS.

PROMPT: IF THE PARTICIPANT ANSWERS YES TO ANY OF QUESTIONS A6-A14, SKIP TO THE END OF THE FORM. THE PARTICIPANT IS NOT ELIGIBLE FOR SPIROMETRY OR DLCO.

A6. Are you currently experiencing a respiratory infection such as pneumonia, bronchitis or sinusitis, or symptoms such as dyspnea (difficulty breathing), cough, fever (temperature > 100.4°F [38°C])?

YES.....1 **(END)**
NO 2

A7. Are you currently being treated for tuberculosis?

YES.....1 **(END)**
NO 2

A8. Have you had pneumothorax (collapsed lung) within the past 3 months?

YES.....1 **(END)**
NO 2

A9. Have you had a myocardial infarction (heart attack) within the past 3 months?

YES.....1 **(END)**
NO 2

A10. During the past 4 weeks, have you experienced or been told you have a heart condition (e.g., tachycardia [fast heart rate, resting heart rate > 110], angina [chest pain/discomfort], or unstable arrhythmia [irregular heart beat])?

YES.....1 **(END)**
NO 2

A11. Do you currently have a retinal detachment (when the retina in your eye is pulled away from its normal position)?

YES.....1 **(END)**
NO 2

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A12. Have you had surgery on your eyes, chest, or abdomen in the past 3 months?

YES.....1 **(END)**
NO 2

A13. DOES THE PARTICIPANT HAVE UNCONTROLLED HYPERTENSION (DEFINED AS SYSTOLIC > 180 MM HG OR DIASTOLIC > 100 MM HG FROM AN AVERAGE OF TWO OR MORE READINGS)?

YES.....1 **(END)**
NO 2

A14. Are you currently pregnant?

YES.....1 **(END)**
NO 2

A15. Have you ever had an allergic reaction to albuterol or levalbuterol?

YES.....1
NO 2

PROMPT: IF PARTICIPANT REPORTS AN ALLERGIC REACTION TO ALBUTEROL OR LEVALBUTEROL, NO BRONCHODILATOR WILL BE GIVEN. RESULTS WILL BE RECORDED AS PRE-BRONCHODILATOR TESTING.

A16. Are you currently breastfeeding?

YES.....1
NO 2

PROMPT: IF PARTICIPANT IS CURRENTLY BREASTFEEDING, NO BRONCHODILATOR WILL BE GIVEN. RESULTS WILL BE RECORDED AS PRE-BRONCHODILATOR TESTING.

A17. In the last 4 hours, have you used a rescue short-acting inhaled beta-agonist, including one of the following:

		YES	**NO**
a.	Albuterol (Proair, Ventolin, Proventil)	1	2
b.	Levalbuterol (Xopenex)	1	2
c.	Ipratropium (Atrovent or Combivent)	1	2
d.	Other	1	2 **(e)**
	SPECIFY:		
e.	Are any of the above medications "YES"	1	2 **(A18)**

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PROMPT: IF PARTICIPANT REPORTS THE USE OF ANY DRUGS LISTED IN QUESTION A17 IN THE LAST 4 HOURS, PARTICIPANT HAS ALREADY BEEN BRONCHODILATED. NO PRE-BRONCHODILATOR TESTING WILL BE PERFORMED AND NO ALBUTEROL WILL BE GIVEN. RESULTS WILL BE RECORDED AS POST-BRONCHODILATOR TESTING.

A17a. Time taken? |___|___|: |___|___| AM…… 1
PM…… 2

A18. In the last 12 hours, have you used an intermediate-acting inhaled beta-agonist, including one of the following:

		YES	NO
a.	Budesonide + formoterol (Symbicort)	1	2
b.	Fluticasone + salmeterol (Advair)	1	2
c.	Mometasone + formoterol (Dulera)	1	2
d.	Glycopyrrolate + formoterol (Bevespi)	1	2
e.	Glycopyrrolate + indacaterol (Utibron)	1	2
f.	Salmeterol (Serevent)	1	2
g.	Arformoterol (Brovana)	1	2
h.	Aclidinium (Tudorza)	1	2
i.	Other	1	2 **(j)**
	SPECIFY:		
j.	Are any of the above medications "YES"	1	2 **(A19)**

PROMPT: IF PARTICIPANT REPORTS THE USE OF ANY DRUGS LISTED IN QUESTION A18 IN THE LAST 12 HOURS, PARTICIPANT HAS ALREADY BEEN BRONCHODILATED. NO PRE-BRONCHODILATOR TESTING WILL BE PERFORMED AND NO ALBUTEROL WILL BE GIVEN. RESULTS WILL BE RECORDED AS POST-BRONCHODILATOR TESTING.

A18a. Time taken? |___|___|: |___|___| AM…… 1
PM…… 2

A19. In the last 24 hours, have you used a long-acting anticholinergic and LABA inhaled medicine, including one of the following:

		YES	NO
a.	Olodaterol + tiotropium (Stiolto)	1	2
b.	Fluticasone + vilanterol (Breo)	1	2
c.	Umeclidinium + vilanterol (Anoro)	1	2
d.	Tiotropium (Spiriva)	1	2
e.	Indacaterol (Arcapta)	1	2
f.	Olodaterol (Striverdi)	1	2
g.	Umeclidinium (Incruse)	1	2
h.	Umedlidinium + fluticasone + vilanterol (Trelegy)	1	2

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		YES	NO
i.	Other	1	2 **(j)**
	SPECIFY:		
j.	Are any of the above medications "YES"	1	2 **(A20)**

PROMPT: IF PARTICIPANT REPORTS THE USE OF ANY DRUGS LISTED IN QUESTION A19 IN THE LAST 24 HOURS, PARTICIPANT HAS ALREADY BEEN BRONCHODILATED. NO PRE-BRONCHODILATOR TESTING WILL BE PERFORMED AND NO ALBUTEROL WILL BE GIVEN. RESULTS WILL BE RECORDED AS POST-BRONCHODILATOR TESTING.

A19a. Time taken? |___|___|: |___|___| AM…… 1
PM…… 2

INSTRUCTIONS: THE FOLLOWING QUESTIONS ARE ASKED TO COLLECT INFORMATION FOR INTERPRETING TESTING RESULTS.

A20. When did you last smoke (cigarette, cigar, pipe, marijuana)?

I don't smoke……..1 **(A21)**
More than one day ago…….. 2 **(A21)**
Yesterday……. 3 **(A21)**
Today…… 4

A20a. How many hours ago did you last smoke today? |___|___|HOURS

A21. Have you consumed any caffeinated beverages or medications (e.g., Anacin, Darvon, Esgic, Excedrin, Fiorinal, Fioricet, NoDoz, Norgesic, Vivarin) in the last 8 hours?

YES.....1
NO 2

A22. Have you consumed any food or beverages containing alcohol in the last 8 hours?

YES.....1
NO 2

A23. Have you used any antihistamines, oral decongestants, cold remedies, or over-the-counter sleep aids in the last 48 hours?

YES.....1
NO 2