Please administer questions before starting spirometry exam.

1. Have you been told that you had a heart attack, stroke, or eye, chest or abdominal surgery in the last 3 months?
   - Yes ➔ Don’t perform spirometry.
   - No ➔ Complete questions 2-4 and proceed with spirometry

2. Have you had any significant problems doing spirometry?
   - Yes
   - No
   - Comments:

3. Have you had any caffeinated coffee, tea or cola, or other caffeinated drink, in the last 2 hours? *(This is not an exclusion criteria)*
   - Yes
   - No
   - Don't Know

4. Did you smoke a cigarette, pipe or cigar during the last hour? *(This is not an exclusion criteria)*
   - Yes
   - No

5. Pre-Bronchodilator Spirometry was:
   - Completed
   - Not completed

   Time completed:
   - Hours
   - Minutes
   - am
   - pm

   Reason not completed:
   - Refused
   - Physically unable
   - Cognitively unable
   - Equipment problem
   - Restricted as per spirometry software
   - Other, please specify:
6. If selected for albuterol?
   - Yes, by spirometry software
   - Yes, randomly selected
   - No → **skip to END**

   **Administered (2 puffs)**
   - Administered
   - Not administered

   **Reason not completed:**
   - Refused
   - Physically unable
   - Cognitively unable
   - Equipment problem
   - Restricted as per spirometry software
   - Other, please specify: __________

   **Time completed:**
   - Hr
   - Min
   - am
   - pm

7. Post-Bronchodilator Spirometry was:
   - Completed
   - Not completed

   **Reason not completed:**
   - Refused
   - Physically unable
   - Cognitively unable
   - Equipment problem
   - Restricted as per spirometry software
   - Other, please specify: __________

   **Time completed:**
   - Hr
   - Min
   - am
   - pm

8. Final Selection for MESA COPD (Columbia, JHU, NWU, UCLA only):

   - Eligibility for MESA COPD confirmed
     - Eligible but not selected for MESA COPD
     - Not eligible
     - Not selected for MESA COPD

     **confirm consent and perform COPD Six Minute Walk, Lung CT scan, Questionnaire and MRI protocol.**

     **obtain/confirm consent and perform COPD Screening form, Six Minute Walk, Lung CT scan, Questionnaire and MRI protocol.**