Please administer questions before starting spirometry exam.

1. Is systolic blood pressure >180 OR diastolic blood pressure >110 from Seated Blood Pressure?
   - Yes → Don’t perform spirometry
   - No → Proceed with spirometry

2. 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 → Proceed with spirometry

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

4. 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

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

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

   Time completed:
   - Hr
   - Min
   - am
   - pm

   Reason not completed:
   - Refused
   - Physically unable
   - Cognitively unable
   - Equipment problem
   - Restricted as per spirometry software
   - Other, please specify:
7. Do you have an implanted cardiac pacemaker or implanted cardioverter-defibrillator (ICD)?

*Prefill with ‘Yes’ if previously reported.*

- Yes  ➔  Do not administer albuterol; do not perform post-bronchodilator spirometry—skip to END
- No  ➔  If selected for albuterol, proceed with albuterol and post-bronchodilator spirometry

8. Selected for Albuterol?

- Yes, by spirometry software
- No  ➔  Skip to END

9. Post-Bronchodilator Spirometry was:

- Completed
- Not completed

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**Time completed:**

- [ ] Hr
- [ ] Min
- [ ] am
- [ ] pm

**Reason not completed:**

- Refused
- Physically unable
- Cognitively unable
- Equipment problem
- Restricted as per spirometry software
- Other, please specify: