

B. Pre-bronchodilator spirometry:

- Not done (1)
- Performed in conformance with Lung HIV requirements (2)
- Not in conformance with Lung HIV, but results are clinically interpretable (3)
- Results not interpretable (4)

If pre-bronchodilator spirometry 'Not Done', skip to D.

C. Pre-bronchodilator:

						Not done
1. FEV ₁	_____	_____	·	_____	_____	L <input type="checkbox"/>
2. FVC	_____	_____	·	_____	_____	L <input type="checkbox"/>
3. FEV ₆	_____	_____	·	_____	_____	L <input type="checkbox"/>
4. PEFR	_____	_____	·	_____	_____	L/second <input type="checkbox"/>
5. Vext	_____	_____	·	_____	_____	L <input type="checkbox"/>
6. FET _{100%}	_____	_____	·	_____	_____	second <input type="checkbox"/>
7. FEF25-75	_____	_____	·	_____	_____	L/second <input type="checkbox"/>

D. Post-bronchodilator:

1. Post-bronchodilator spirometry:

- Not done (*skip to Section III*) (1)
- Performed in conformance with Lung HIV requirements (2)
- Not in conformance with Lung HIV, but results are clinically interpretable (3)
- Results not interpretable (4)

If post-bronchodilatory spirometry 'Not Done', skip to Part III

2. Bronchodilator:

- Albuterol (1)
- Other (2)
- Unknown (3)

3. Number of puffs: _____ Unknown

						Not done
1. FEV ₁	_____	_____	·	_____	_____	L <input type="checkbox"/>
2. FVC	_____	_____	·	_____	_____	L <input type="checkbox"/>
3. FEV ₆	_____	_____	·	_____	_____	L <input type="checkbox"/>
4. PEFR	_____	_____	·	_____	_____	L/second <input type="checkbox"/>
5. Vext	_____	_____	·	_____	_____	L <input type="checkbox"/>
6. FET _{100%}	_____	_____	·	_____	_____	second <input type="checkbox"/>
7. FEF25-75	_____	_____	·	_____	_____	L/second <input type="checkbox"/>

III. LUNG VOLUME

A. Lung volume:

- Not done (1)
- Performed in conformance with Lung HIV requirements (2)
- Not in conformance with Lung HIV, but results are clinically interpretable (3)
- Results not interpretable (4)

If lung volume 'Not Done', skip to Section IV.

B. Date lung volume performed: _____ - _____ - 2 0 _____ Not done
mmm dd yyyy

C. Technique: Plethysmography (1) Helium dilution (2) Nitrogen washout (3)

- D. TLC _____ . _____ L Not done
- E. Maximum SVC _____ . _____ L
- F. RV _____ . _____ L
- G. Mean FRC _____ . _____ L
- H. Raw-insp _____ . _____ cm H₂O/Liters/Sec
- I. sGaw-insp _____ . _____ L/cm H₂O/Sec/Liter

IV. DIFFUSING CAPACITY

A. D_LCO:

- Not done (1)
- Performed in conformance with Lung HIV requirements (2)
- Not in conformance with Lung HIV, but results are clinically interpretable (3)
- Results not interpretable (4)

If D_LCO 'Not Done', skip to Part V.

B. Date D_LCO performed: _____ - _____ - 2 0 _____ Not done
mmm dd yyyy

- C. Mean D_LCO (uncorrected for hemoglobin) _____ . _____ mL/min/mmHg Not done
- D. Hemoglobin _____ . _____ g/dL
- E. V₁ _____ . _____ L
- F. V_{ALV} _____ . _____ L

V. ADMINISTRATIVE MATTERS

A. General comments:

B. Form completed by:

signature

C. Date form completed:

__ __ __ - __ __ - 2 0 __ __
mmm dd yyyy

D. Lung HIV staff no.:

__ __ __ - __ __ __