

OSCILLOMETRY DATA FORM

ID NUMBER:

FORM CODE: OSC
VERSION: 1.0 04/29/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit to document that the oscillometry testing occurred.

1) Was pre-bronchodilator oscillometry testing done?

No₀ → **Go to 2**

Yes₁

1a) Time pre-bronchodilator testing began:

: AM₁ / PM₂

2) Was post-bronchodilator (after ipratropium and albuterol) oscillometry testing done?

No₀ → **Go to 3**

Yes₁

2a) Time first puff of bronchodilator given:

: AM₁ / PM₂

2b) Time post-bronchodilator testing began:

: AM₁ / PM₂

3) Were there any complications during any phase of oscillometry testing?

No₀ → **Go to 4**

Yes₁

3a) If Yes, please explain:

4) Other comments:

END OF FORM