

GETTING READY FOR FENO, SPIROMETRY, REVERSIBILITY TESTING AND BIO-IMPEDENCE

Centre
ID

--	--	--	--	--

- | | NO | YES |
|---|--------------------------|--------------------------|
| 1 Have you had a cigarette in the last hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have you eaten in the last hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you undergone any strenuous activity in the last hour? | <input type="checkbox"/> | <input type="checkbox"/> |

IF NO TO QUESTIONS 1-3 – PARTICIPANT IS READY FOR FeNO test
IF YES TO ANY OF QUESTIONS 1-3 - CONSIDER IF THE FENO TEST CAN BE DELAYED –
IF IT CANNOT BE DELAYED PLEASE TEST FENO

- | | | |
|--|--------------------------|--------------------------|
| 4 Does the participant have visible oedema of the lower leg or ascites? (Please check) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Do you have a pacemaker or implanted defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES TO QUESTIONS 4-6 THIS PARTICIPANT SHOULD NOT HAVE BIOIMPEDANCE MEASURED

- | | | |
|--|--------------------------|--------------------------|
| 7 Are you in the last trimester of pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Have you had surgery on your chest or abdomen in the last three months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Have you had a heart attack within the past 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Have you been hospitalised for any other heart problem within the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Do you have a detached retina or have you had any eye surgery in the past 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Does the participant have a resting pulse of greater than 120 beats per minute? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Are you being treated for tuberculosis? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES TO ANY OF QUESTIONS 7-13 PARTICIPANT SHOULD NOT HAVE SPIROMETRY MEASURED

- | | NO | YES |
|---|--------------------------|--------------------------|
| 14 Have you had a respiratory infection (cold) in the last three weeks? | <input type="checkbox"/> | <input type="checkbox"/> |

DAYS

IF YES: How many days ago did it end?

--	--

- | | NO | YES |
|---|--------------------------|--------------------------|
| 15 Have you used an inhaler in the last 24 hours ? | <input type="checkbox"/> | <input type="checkbox"/> |

- 15.1 What inhaler(s) did you use and how many hours ago did you use it? *(if used combined please enter each component)*

.....

DRUG
(ENTER CODE)

HOURS

- | | NO | YES |
|---|--------------------------|--------------------------|
| 16 Have you used any other medicine (including pills, capsules or suppositories) to help your breathing or any oral anti-muscarinic in the last 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |

- 16.1 What medicines did you use and for how many hours did you use it?

.....

DRUG

--	--

HOURS

--	--

.....

17 Have you used any oral antihistamine medication in the last 24 hours?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

For those centres collecting urine samples:

18 How long ago did you last eat?

Hrs	Mins
<input type="text"/>	<input type="text"/>
<small>Time (24 hr clock)</small>	

19 What time was the urine sample taken

--	--

20 If female, is the participant menstruating?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Coding system for 'Getting ready for FENO, spirometry, reversibility testing, and bioimpedence'

Question 15

1	Short acting beta 2 agonist
2	Long acting beta 2 agonist
3	Short acting anti -muscarinic
4	Long acting antimuscarinic
5	Inhaled cromoglycate/nedocromil
7	Inhaled steroids or combined inhaler including inhaled steroid
6	Other

Question 16

1	Oral beta 2 agonist
2	Oral methylxanthine
3	Oral steroids
4	Oral anti-leukotrienes
5	Other