



Lung Function Instrument

Event Category:	Time-Based
Event:	60M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Primary Caregiver
Domain:	Physical Measures
Document Category:	Physical Measures
Method:	Data Collector Administered
Mode (for this instrument*):	In-Person, CAI
OMB Approved Modes:	In-Person, CAI
Estimated Administration Time:	12 minutes
Multiple Child/Sibling Consideration:	Per Child
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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Lung Function Instrument

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Lung Function Instrument

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTER PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	- DISPLAY AS MM/DD/YYYY - STORE AS YYYY-MM-DD - HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

LUNG FUNCTION INSTRUMENT

(TIME_STAMP_LFI_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P_ID**) FOR CHILD AND RESPONDENT ID (**R_P_ID**) FOR ADULT CAREGIVER.
- PRELOAD FIRST NAME OF CHILD (**C_FNAME**) FROM **INSTRUMENT_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE)
- IF **C_FNAME** ≠ -1 OR -2, DISPLAY APPROPRIATE NAME IN “C_FNAME” THROUGHOUT THE INSTRUMENT.
- OTHERWISE, IF **C_FNAME** = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.

LFI01000/(LF_INTRO).

DATA COLLECTOR INSTRUCTIONS

- EXPLAIN THE LUNG FUNCTION PROTOCOL TO THE ADULT CAREGIVER.
- IF THE ADULT CAREGIVER REFUSES, SELECT REFUSED.
- OTHERWISE, SELECT CONTINUE.

Label	Code	Go To
CONTINUE	1	LF_PAIN
REFUSED	-1	

LFI02000/(LF_REF_REASON). I am sorry that you have chosen not to participate in this activity. Can you please tell me why?

DATA COLLECTOR INSTRUCTIONS

- SELECT ALL THAT APPLY.

Label	Code	Go To
CONCERN ABOUT DISCOMFORT	1	
CHILD SICK	2	
CHILD TIRED/UNHAPPY	3	
OTHER	-5	
NONE GIVEN	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (Child Anthropometry)

PROGRAMMER INSTRUCTIONS

- IF **LF_REF_REASON** = ANY COMBINATION OF RESPONSE CODES 1 - 3, GO TO **LFI06000**.

PROGRAMMER INSTRUCTIONS

- IF **LF_REF_REASON** = -5, OR ANY COMBINATION OF RESPONSE CODES 1 -3 AND -5, GO TO **LF_REF_REASON_OTH**.
- IF **LF_REF_REASON** = -7, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSE CODES AND GO TO **LFI06000**

LFI03000/(LF_REF_REASON_OTH). SPECIFY: _____

SOURCE

National Children's Study, Vanguard Phase (Child Anthropometry)

LFI06000. That's fine. Thank you for your time.

PROGRAMMER INSTRUCTIONS

- GO TO **TIME_STAMP_LFI_ET**.

LFI07100/(LF_PAIN). Is {C_FNAME/the child} currently experiencing any chest or abdominal pain?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

Miller MR, Crapo R, Hankinson J, Brusasco V, Burgos F, Casaburi R, Coates A, Enright P, van der Grinten CP, Gustafsson P, Jensen R, Johnson DC, MacIntyre N, McKay R, Navajas D, Pedersen OF, Pellegrino R, Viegi G, Wanger J. American Thoracic Society/European Respiratory Society (ATS/ERS) Task Force: General Considerations for Lung Function Testing. Eur Respir J; 26 (1): 153-161, 2005. (modified)

LFI07200/(LF_ORAL). Is {C_FNAME/the child} experiencing any oral or facial pain that might be aggravated by a mouthpiece?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

Miller MR, Crapo R, Hankinson J, Brusasco V, Burgos F, Casaburi R, Coates A, Enright P, van der Grinten CP, Gustafsson P, Jensen R, Johnson DC, MacIntyre N, McKay R, Navajas D, Pedersen OF, Pellegrino R, Viegi G, Wanger J. American Thoracic Society/European Respiratory Society (ATS/ERS) Task Force: General Considerations for Lung Function Testing. Eur Respir J; 26 (1): 153-161, 2005. (modified)

LFI10000/(LF_BRONCHO). Within the past hour, has {C_FNAME/the child} used a bronchodilator, such as an inhaler?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

National Institute of Occupational Safety and Health (NIOSH). Spirometry Training Guide. December 1, 2003. (modified)

LFI11000/(LF_MEAL). Has {C_FNAME/the child} eaten a large meal within the past hour?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

National Institute of Occupational Safety and Health (NIOSH). Spirometry Training Guide. December 1, 2003. (modified)

LFI12000/(LF_ILLNESS). Within the past three days, has {C_FNAME/the child} recovered from an illness that lasted less than three weeks?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

National Institute of Occupational Safety and Health (NIOSH). Spirometry Training Guide. December 1, 2003. (modified)

LFI13000/(LF_INFECTION). Within the past three weeks, has {C_FNAME/the child} had an ear infection or severe respiratory illness?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE

National Institute of Occupational Safety and Health (NIOSH). Spirometry Training

SOURCE
Guide. December 1, 2003. (modified)

LFI14000/(LF_SURGERY). Has {C_FNAME/the child} had eye, ear, chest, or abdominal surgery in the past six weeks?

Label	Code	Go To
YES	1	LF_END
NO	2	
REFUSED	-1	LF_END
DON'T KNOW	-2	LF_END

SOURCE
National Institute of Occupational Safety and Health (NIOSH). Spirometry Training Guide. December 1, 2003. (modified)

LFI15000/(LF_EQUIP_ID). RECORD EQUIPMENT ID

EQUIPMENT SERIAL NUMBER

Label	Code	Go To
COULD NOT OBTAIN	-2	

SOURCE
New

LFI16000/(LF_CONDITIONS). Does {C_FNAME/the child} have any known obstructive conditions, such as sleep apnea, asthma, or cystic fibrosis?

Label	Code	Go To
YES	1	
NO	2	LF_FEV_10_1
REFUSED	-1	LF_FEV_10_1
DON'T KNOW	-2	LF_FEV_10_1

SOURCE
National Institute of Occupational Safety and Health (NIOSH). Spirometry Training Guide. December 1, 2003. (modified)

LFI17000/(LF_CONDITIONS_OTH). LUNG CONDITION OTHER

SPECIFY: _____

LFI19000/(LF_FEV_10_1). RECORD FORCED EXPIRATORY VOLUME 1.0 (FEV1).

_____|_____|_____|_____|
LITERS

DATA COLLECTOR INSTRUCTIONS

- OBTAIN FIRST SET OF LUNG FUNCTION MEASUREMENTS.

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_1
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_1

SOURCE

New

LFI19100/(LF_FEV_05_1). RECORD FORCED EXPIRATORY VOLUME 0.50 (FEV.5).

|_|_|_|_|_|
LITERS

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_1
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_1

SOURCE

New

LFI19200/(LF_FEV_75_1). RECORD FORCED EXPIRATORY VOLUME 0.75 (FEV.75).

|_|_|_|_|_|
LITERS PER SECOND

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_1
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_1

SOURCE

New

LFI20100/(LF_PEF_1). RECORD PEAK EXPIRATORY FLOW (PEF).

|_|_|_|_|
LITERS PER MINUTE

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_1
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_1

Label	Code	Go To
		1

SOURCE

New

LF120000/(LF_COLLECT_1). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE PEAK FLOW METER?

Label	Code	Go To
YES	1	LF_ACCEPTABLE_1
NO	2	

LF121000/(LF_REASON_NOT_COLLECT_1).

DATA COLLECTOR INSTRUCTIONS

- ENTER REASON(S) YOU COULD NOT OBTAIN LUNG FUNCTION MEASUREMENT(S).
- SELECT ALL THAT APPLY.

Label	Code	Go To
PARENT/CAREGIVER REFUSAL	1	
CHILD REFUSAL	2	
COMMUNICATION ISSUES	3	
PARENT/CAREGIVER ILL/EMERGENCY	4	
CHILD ILL/EMERGENCY	5	
NO TIME	6	
EQUIPMENT FAILURE	7	
SAFETY EXCLUSION	8	
PHYSICAL LIMITATION	9	
OTHER	-5	
NONE GIVEN	-7	

PROGRAMMER INSTRUCTIONS

- IF LF_REASON_NOT_COLLECT_1 = -5 OR -5 AND ANY COMBINATION OF 1-9, GO TO LF_REASON_NOT_COLLECT_1_OTH.
- OTHERWISE, GO TO LF_COMMENTS_1.

LF121100/(LF_REASON_NOT_COLLECT_1_OTH).

SPECIFY:

PROGRAMMER INSTRUCTIONS

- GO TO LF_COMMENTS_1.

LF121200/(LF_ACCEPTABLE_1). DID THE PARTICIPANT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
YES	1	LF_COMMENTS_1
NO	2	

LF122000/(LF_ACCEPTABLE_1_REAS). WHY DID THE PARTICIPANT NOT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
NOT FULL EFFORT	1	
COUGH IN FIRST SECOND	2	
EARLY TERMINATION	3	
GLOTTIS CLOSURE OR BREATH HOLDING	4	
OBSTRUCTED MOUTHPIECE	5	
INCOMPLETE INHALATION	6	
HESITATION	7	
EXTRA BREATH	8	
OTHER	-5	

PROGRAMMER INSTRUCTIONS

- IF LF_ACCEPTABLE_1_REAS = -5 OR INCLUDES -5, GO TO LF_ACCEPTABLE_1_REAS_OTH.
- OTHERWISE, GO TO LF_COMMENTS_1.

LF122010/(LF_ACCEPTABLE_1_REAS_OTH). SPECIFY: _____

SOURCE

New

LF122100/(LF_COMMENTS_1). DO YOU HAVE ANY COMMENTS ABOUT THE FIRST LUNG FUNCTION MEASUREMENT?

Label	Code	Go To
YES	1	
NO	2	

PROGRAMMER INSTRUCTIONS

IF LF_COMMENTS_1 = 2, GO TO PROGRAMMER INSTRUCTIONS AFTER LF_COMMENTS_1_OTH.

LF123000/(LF_COMMENTS_1_OTH). LUNG FUNCTION COLLECTION COMMENTS

SPECIFY: _____

PROGRAMMER INSTRUCTIONS

- IF LF_REASON_NOT_COLLECT_1 = ANY COMBINATION INCLUDING 1, 2, 4, 5, 6, 8, OR 9, GO TO LF174000.

LFI25000/(LF_FEV_10_2). RECORD FEV1 MEASUREMENT 2.

|_|_|_|. |_|_|_|
LITERS

DATA COLLECTOR INSTRUCTIONS

- OBTAIN SECOND SET OF LUNG FUNCTION MEASUREMENTS.

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_2
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_2

SOURCE

New

LFI25100/(LF_FEV_05_2). RECORD FEV.5 MEASUREMENT 2.

|_|_|_|. |_|_|_|
LITERS

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_2
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_2

SOURCE

New

LFI25200/(LF_FEV_75_2).
RECORD FEV.75 MEASUREMENT 2.

|_|_|_|. |_|_|_|
LITERS PER SECOND

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_2
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_2

SOURCE

New

LFI25300/(LF_PEF_2). RECORD PEF MEASUREMENT 2.

|_|_|_|

LITERS PER MINUTE

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_2
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_2

SOURCE

New

LF126000/(LF_COLLECT_2). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE PEAK FLOW METER?

Label	Code	Go To
YES	1	LF_ACCEPTABLE_2
NO	2	

LF127000/(LF_REASON_NOT_COLLECT_2).

DATA COLLECTOR INSTRUCTIONS

- ENTER REASON(S) YOU COULD NOT OBTAIN LUNG FUNCTION MEASUREMENT(S).
- SELECT ALL THAT APPLY.

Label	Code	Go To
PARENT/CAREGIVER REFUSAL	1	
CHILD REFUSAL	2	
COMMUNICATION ISSUES	3	
PARENT/CAREGIVER ILL/EMERGENCY	4	
CHILD ILL/EMERGENCY	5	
NO TIME	6	
EQUIPMENT FAILURE	7	
SAFETY EXCLUSION	8	
PHYSICAL LIMITATION	9	
OTHER	-5	
NONE GIVEN	-7	

SOURCE

New

PROGRAMMER INSTRUCTIONS

- IF LF_REASON_NOT_COLLECT_2 =-5 OR INCLUDES -5, GO TO LF_REASON_NOT_COLLECT_2_OTH.
- OTHERWISE, GO TO LF_COMMENTS_2.

LFI27100/(LF_REASON_NOT_COLLECT_2_OTH). SPECIFY: _____

PROGRAMMER INSTRUCTIONS

- GO TO LF_COMMENTS_2.

LFI27200/(LF_ACCEPTABLE_2). DID THE PARTICIPANT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
YES	1	LF_COMMENTS_2
NO	2	

LFI28000/(LF_ACCEPTABLE_2_NO_REAS). WHY DID THE PARTICIPANT NOT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
NOT FULL EFFORT	1	
COUGH IN FIRST SECOND	2	
EARLY TERMINATION	3	
GLOTTIS CLOSURE OR BREATH HOLDING	4	
OBSTRUCTED MOUTHPIECE	5	
INCOMPLETE INHALATION	6	
HESITATION	7	
EXTRA BREATH	8	
OTHER	-5	

PROGRAMMER INSTRUCTIONS

- IF LF_ACCEPTABLE_2_REAS = -5 OR INCLUDES -5, GO TO LF_ACCEPTABLE_2_REAS_OTH.
- OTHERWISE, GO TO LF_COMMENTS_2.

LFI28010/(LF_ACCEPTABLE_2_REAS_OTH).

SPECIFY:

SOURCE

New

LFI28100/(LF_COMMENTS_2). DO YOU HAVE ANY COMMENTS ABOUT THE SECOND LUNG FUNCTION MEASUREMENT?

Label	Code	Go To
YES	1	
NO	2	

PROGRAMMER INSTRUCTIONS

- IF LF_COMMENTS_2 = 2, GO TO PROGRAMMER INSTRUCTIONS AFTER LF_COMMENTS_2_OTH.

LFI29000/(LF_COMMENTS_2_OTH). LUNG FUNCTION COLLECTION COMMENTS

SPECIFY: _____

PROGRAMMER INSTRUCTIONS

- IF LF_REASON_NOT_COLLECT_2 = ANY COMBINATION INCLUDING 1, 2, 4, 5, 6, 8, OR 9, GO TO LFI74000

LFI31000/(LF_FEV_10_3). RECORD FEV1 MEASUREMENT 3.

|_|_|_|_|_|
LITERS

DATA COLLECTOR INSTRUCTIONS

- OBTAIN THIRD SET OF LUNG FUNCTION MEASUREMENTS.

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

SOURCE

New

LFI31100/(LF_FEV_05_3).

RECORD FEV.5 MEASUREMENT 3.

|_|_|_|_|_|
LITERS

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_3
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_3

SOURCE

New

LFI31200/(LF_FEV_75_3).

RECORD FEV.75 MEASUREMENT 3.

|_|_|_|_|_|

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_3
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_3

SOURCE

New

LFI31300/(LF_PEF_3). RECORD PEF MEASUREMENT 3.

LITERS PER MINUTE

Label	Code	Go To
REFUSED	-1	LF_REASON_NOT_COLLECT_3
COULD NOT OBTAIN	-8	LF_REASON_NOT_COLLECT_3

SOURCE

New

LFI32000/(LF_COLLECT_3). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE PEAK FLOW METER?

Label	Code	Go To
YES	1	LF_ACCEPTABLE_3
NO	2	

LFI33000/(LF_REASON_NOT_COLLECT_3).

DATA COLLECTOR INSTRUCTIONS

- ENTER REASON(S) YOU COULD NOT OBTAIN LUNG FUNCTION MEASUREMENT(S).
- SELECT ALL THAT APPLY.

Label	Code	Go To
PARENT/CAREGIVER REFUSAL	1	
CHILD REFUSAL	2	
COMMUNICATION ISSUES	3	
PARENT/CAREGIVER ILL/EMERGENCY	4	
CHILD ILL/EMERGENCY	5	
NO TIME	6	
EQUIPMENT FAILURE	7	
SAFETY EXCLUSION	8	
PHYSICAL LIMITATION	9	
OTHER	-5	
NONE GIVEN	-7	

PROGRAMMER INSTRUCTIONS

- IF LF_REASON_NOT_COLLECT_3 =-5 OR INCLUDES -5, GO TO LF_REASON_NOT_COLLECT_3_OTH.

PROGRAMMER INSTRUCTIONS

- OTHERWISE, GO TO LF_COMMENTS_3.

LFI33100/(LF_REASON_NOT_COLLECT_3_OTH).

SPECIFY: _____

PROGRAMMER INSTRUCTIONS

- GO TO LF_COMMENTS_3.

LFI33200/(LF_ACCEPTABLE_3). DID THE PARTICIPANT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
YES	1	LF_COMMENTS_3
NO	2	

LFI34000/(LF_ACCEPTABLE_3_NO_REAS). WHY DID THE PARTICIPANT NOT EXERT A FULL EFFORT WITHOUT ERRORS?

Label	Code	Go To
NOT FULL EFFORT	1	
COUGH IN FIRST SECOND	2	
EARLY TERMINATION	3	
GLOTTIS CLOSURE OR BREATH HOLDING	4	
OBSTRUCTED MOUTHPIECE	5	
INCOMPLETE INHALATION	6	
HESITATION	7	
EXTRA BREATH	8	
OTHER	-5	

PROGRAMMER INSTRUCTIONS

- IF LF_ACCEPTABLE_3_NO_REAS = -5 OR INCLUDES -5, GO TO LF_ACCEPTABLE_3_NO_REAS_OTH.
- OTHERWISE, GO TO LF_COMMENTS_3

LFI34010/(LF_ACCEPTABLE_3_NO_REAS_OTH). SPECIFY: _____

SOURCE

New

LFI34100/(LF_COMMENTS_3). DO YOU HAVE COMMENTS ABOUT THE THIRD LUNG FUNCTION MEASUREMENT?

Label	Code	Go To
YES	1	
NO	2	LFI74000

LFI38000/(LF_COMMENTS_3_OTH). LUNG FUNCTION COLLECTION COMMENTS

SPECIFY: _____

SOURCE

New

LFI74000. Thank you for having {C_FNAME/the child} complete these lung function measures.

PROGRAMMER INSTRUCTIONS

- GO TO TIME_STAMP_LFI_ET

LFI75000/(LF_END). Thank you for answering these questions.

DATA COLLECTOR INSTRUCTIONS

- ENTER REASON CHILD WAS EXCLUDED FROM LUNG FUNCTION MEASUREMENT(S)

Label	Code	Go To
CHEST OR ABDOMINAL PAIN	1	
ORAL OR FACIAL PAIN	2	
BRONCHODILATOR USE IN PAST HOUR	3	
LARGE MEAL IN PAST HOUR	4	
ILLNESS IN PAST THREE DAYS	5	
EAR INFECTION OR SEVERE RESPIRATORY ILLNESS IN PAST THREE WEEKS	6	
EYE, EAR, CHEST, OR ABDOMINAL SURGERY IN PAST SIX WEEKS	7	

(TIME_STAMP_LFI_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP