

**NORA\_FY2020**  
**Styrene-Exposed Cohort**

Subject ID	Name					Birthdate					
Age	Gender M    F		Ethnicity (Hispanic)    Y    N		Race AmIn    As    Bl    Pl    Wh					Smoke C    F    N	
Height (nearest ½ inch)		Weight (pounds)		Blood Pressure			Pulse				
Current Medications/Eye Drops/Inhalers											
<b>INITIAL WHEN COMPLETE</b>	Questionnaire		FENO					Multiple-Breath Washout			
	IOS		Spirometry		Bronchodilator		Color Vision Testing				

**Spirometry Contraindications: YES / NO**

Within the last 3 months: chest pain (angina), heart attack, stroke , eye surgery (including LASIK, PRK, or cataract surgery), chest surgery (including heart procedure), abdominal surgery, and head surgery (including brain or ear surgery).

Ever: coughing up blood (hemoptysis), collapsed lung (pneumothorax), arterial aneurysm of the belly or brain, or detached retina

Current: gastrointestinal distress, chest discomfort, back discomfort, treatment (anticoagulant) for pulmonary embolism, require supplemental oxygen

Systolic BP >180, diastolic BP >110, pulse >110 bpm

**Bronchodilator Contraindications: YES / NO**

Have you ever been diagnosed by a healthcare professional with an irregular heart beat (arrhythmia)

Have you ever had a seizure?

Have you ever had an adverse reaction to albuterol such as tremors, palpitations, fast heart rate, hypertension, fainting, dizziness, headache, upset stomach, or skin rashes

Systolic BP >160, diastolic BP >100

Pulse >100 bpm

Physician's signature: \_\_\_\_\_

**FeNO Contraindications: YES / NO**

Do you have a breathing problem requiring oxygen or problems taking deep breaths?