# Course in Spirometry

# Post Course Practical Submission

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| **Student Name:** |  | |
| **Date of Birth:** |  | |
| **Date of face to face course attendance:** |  | |
| **Submission Date:** |  | |
|  | |  |

**Instructions**

All students must submit 10 spirometry assessments conducted following your practical face to face session.

* De-identified spirometry results from a subject you have measured in the last 6 months;
  + For each trial attempted, irrespective of whether acceptability and/or repeatability criteria have been met, supply -
    - Graphical presentation of each of the trial performed – volume time and flow volume –
    - Data for all trials attempted (at least FEV1/ FVC, FVC, FEV1, PEF);
    - Comments about test acceptability and repeatability;
    - Final interpretation of results.
* Following completion please upload to the online portal as indicated or email to [spirometry@kinnecttraining.com.au](mailto:spirometry@kinnecttraining.com.au)
  + Feedback will be provided for the submission by your Trainer / Assessor.

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| Please provide the following graphs / tables for each assessment by pasting a screen shot or attaching your information to this document (*please make sure it is labelled correctly*)  *(For Easy on PC, you can show all loops by Going to main Menu - Utilities - Configuration - Test- Curve Overlay - Tick All).*  To add a screen shot please use the Snipping Tool on your computer | |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
|  |  |

**Assessment 1**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  |
| Mild | Moderate | Severe |

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| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 2**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| **Question 9**  If the pattern is obstructive, what is the severity? | | |  |
| Mild | Moderate | Severe |

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| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 3**

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| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  | |
| Mild | Moderate | Severe |
| **Question 10**  Was post-bronchodilator spirometry performed? | | | |  |
| Yes | No |  | |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 4**

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| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  | |
| Mild | Moderate | Severe |
| **Question 10**  Was post-bronchodilator spirometry performed? | | | |  |
| Yes | No |  | |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 5**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| --- | --- | --- | --- |
| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  | |
| Mild | Moderate | Severe |
| **Question 10**  Was post-bronchodilator spirometry performed? | | | |  |
| Yes | No |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 6**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
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| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  |
| Mild | Moderate | Severe |

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| --- | --- | --- | --- |
| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 7**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity    *Tick the correct answer.* | | |  | |
| Mild | Moderate | Severe |
| **Question 10**  Was post-bronchodilator spirometry performed? | | | |  |
| Yes | No |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 8**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| --- | --- | --- | --- |
| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  |
| Mild | Moderate | Severe |

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| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 9**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
|  |  |

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| --- | --- | --- | --- |
| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

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| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

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| --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  |
| Mild | Moderate | Severe |

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| --- | --- | --- | --- |
| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |

**Assessment 10**

|  |  |
| --- | --- |
| **Flow Volume Loops Graph** (paste screen shot below or attach to document) | **Parameters and Results** (paste screen shot below or attach to document) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1**  Was a calibration check completed prior to the test? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2**  Where the subject demographics entered correctly? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3**  Do the following trails (1-8) meet ATS/ERS acceptability criteria?  Where trials were unacceptable, document what error(s) were identified? | | |  |
| Trial 1 Yes  Post ☐ | No  Post ☐ |  |  |
| Trial 2 Yes  Post ☐ | No  Post ☐ |  |
| Trial 3 Yes  Post ☐ | No  Post ☐ |  |
| Trial 4 Yes  Post ☐ | No  Post ☐ |  |
| Trial 5 Yes  Post ☐ | No  Post ☐ |  |
| Trial 6 Yes  Post ☐ | No  Post ☐ |  |
| Trial 7 Yes  Post ☐ | No  Post ☐ |  |
| Trial 8 Yes  Post ☐ | No  Post ☐ |  |

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| --- | --- | --- | --- |
| **Question 4**  Did the subject achieve 3 technically acceptable trials? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 5**  Does FEV1 meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 6**  Does FVC meet ATS/ERS repeatability criteria? What was the difference between the two largest? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 7**  Has an appropriate technical comment been entered on the report? | | |  |
| Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 8**  If not normal, select which pattern is present. Please explain your reasoning. (Restrictive, Obstructive, Mixed) | | |  |
| Restrictive | Obstructive | Mixed |  |
| Reasoning: | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 9**  If the pattern is obstructive, what is the severity?    *Tick the correct answer.* | | |  |
| Mild | Moderate | Severe |

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| --- | --- | --- | --- |
| **Question 10**  Was post-bronchodilator spirometry performed? | | |  |
| Yes | No |  |

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| --- | --- | --- | --- |
| **Question 11**  If yes, was there a significant improvement following bronchodilator? | | | **Overall Mark:**  **Pass**  **Fail**  **Needs Review** |
| Yes | No | If Yes, a significant improvement was noted in -  FEV1 by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_%  FVC by \_\_\_\_\_\_\_\_\_\_\_\_\_ml and \_\_\_\_\_\_\_\_\_\_\_% |