# 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
	+ 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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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**

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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? |  |
| 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 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 [ ]  |  |

|  |  |
| --- | --- |
| **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: |  |

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

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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 [ ]  |
| **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 5**

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

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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 [ ]  |
| **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**

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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 [ ]  |

|  |  |
| --- | --- |
| **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**

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 ☐ |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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 ☐ |  |

|  |  |
| --- | --- |
| **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 [ ]  |  |

|  |  |
| --- | --- |
| **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 9**

|  |  |
| --- | --- |
| **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 [ ]  |  |

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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) |
|  |  |

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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 [ ]  |  |

|  |  |
| --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_% |