



Clinic Visit Form

Study ID: --

Visit #: _____

Date of visit: ___/___/___

Time of study exam (24 hour clock): ___:___

Delivery date (Visit 0 only): ___/___/___

A. PATIENT QUESTIONS

1. Have you had any illnesses in the past 2 weeks?

a. No

b. Yes → If yes, please specify: _____

2. **If Visit #1, ask** → Have you had a hospital emergency department or urgent care visit in the past two weeks?

If Visit #2, 3, or 4, ask → Have you had a hospital emergency department or urgent care visit since we saw you for your last study visit?

a. No (**SKIP TO Q4**)

b. Yes →

2b.i What is the name of the hospital or urgent care center? Please specify: _____

2b.ii What was the reason you were seen there? Please specify: _____

3. **If Visit #1, ask** → Were you admitted to the hospital (typically for a stay more than 24 hours) in the past two weeks?

If Visit #2, 3, or 4, ask → Were you admitted to the hospital (typically for a stay more than 24 hours) since your last study visit?

a. No (**SKIP TO Q4**)

b. Yes

3b.i What is the name of the hospital? Please specify: _____

3b.ii What was the reason you were hospitalized? Please specify: _____

3b.iii How long were you in the hospital? _____ day(s)

4. Have you received any vaccinations in the past 2 weeks?

a. No

b. Yes → If yes, please specify: _____

5. Are you feeling well today?
- Yes
 - No → If not, please specify your symptoms: _____

B. Medication Use

1. If Visit #1, ask → What prescription medication(s) (if any) do you use on a regular basis? **(COMPLETE GRID BELOW)**

If Visit #2, 3, or 4, ask → Did you take any prescription medications yesterday?

- No **(SKIP TO SECTION C)**
- Yes → **(COMPLETE GRID BELOW)**

MEDICATION GRID:

Name	Frequency per day	Dose
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____
g. _____	_____	_____
h. _____	_____	_____

C. Clinical Measures

	a. 1st measurement	b. 2 nd Measurement	c. Difference between "1 st and 2 nd measure"	d. 3 rd Measurement (if tolerance exceeded)	Not done
1. Anthropometrics					
i. Height (cm)	_____	_____	(0.5 cm)	_____	(1)
ii. Weight (kg)	_____	_____			(1)
iii. Waist circumference – natural waist (cm)	_____	_____	(0.5 cm)	_____	(1)
iv. Waist circumference – iliac crest (cm)	_____	_____	(0.5 cm)	_____	(1)
v. Hip circumference (cm)	_____	_____	(0.5 cm)	_____	(1)
vi. Triceps skinfold (mm)	_____	_____	(4.0 mm)	_____	(1)
vii. Subscapular skinfolds (mm)	_____	_____	(4.0 mm)	_____	(1)
2. Blood pressure					
i. Systolic (mmHg)	_____	_____	(5 mmHg)	_____	(1)
ii. Diastolic (mmHg)	_____	_____	(5 mmHg)	_____	(1)
3. Spirometry					
<i>Please note a total of three spirometry maneuvers should be reported at each visit.</i>					
i. FVC (L)	_____	_____		_____	(1)
ii. FVC (% Pred)	_____	_____		_____	(1)
iii. FEV1(L)	_____	_____		_____	(1)
iv. FEV1(% Pred)	_____	_____		_____	(1)
v. FEV6(L)	_____	_____		_____	(1)
vi. FEV6(% Pred)	_____	_____		_____	(1)

4. Other measures

- i. Exhaled nitrous oxide (ppb) _____ (5 ppb) _____ (1)
- a. Measurement mode for NIOX VERO (check one):
- 10 seconds (*preferred*)
 - 6 seconds
- b. Is this a change from the prior setting?
- No Yes → If yes, date of mode change: __/__/__

Please note all 3 peak flow measures should be collected at each visit and best observed is used below in calculations.

- ii. Peak flow (LPM) _____ (1)
- iii. Pulse oximetry (%) _____ (5 %) _____ (1)

5. Peak flow analysis (LEAVE THIS SECTION BLANK. GENERATED AUTOMATICALLY ON E-FORM)

- i. Best observed peak flow: _____ (LPM)
- ii. Predicted peak flow (based on current age and height): _____ (LPM)
- iii. % of predicted: _____ (%)

6. Thyroid-stimulating Hormone (TSH) Test: VISIT #1 ONLY

- i. Was a blood sample collected and analyzed for TSH testing? Yes Yes, but not analyzed No
- ii. TSH Result: _____.____ (uIU/mL)
- iii. T4(thyroxine) Result: _____.____ (ng/dL) *Test not done [*Northwestern option only]

D. Next visit

1. Is participant expected to complete a supplemental visit? Yes No
- a. Scheduled date of Visit 02S/03S: __/__/__
2. Scheduled date of next study clinic Visit #(2,3,4): ____/____/____
- Mon Day Year

E. Administrative Matters

1. Comments: _____
- _____
- _____
- _____
2. Examiner/Study Staff who completed the form: _____
3. Date form was completed: __/__/__ (MM/DD/YYYY)