Questionnaire utilized in the study:
Alpha-1 Antitrypsin Deficiency Inpatient testing of COPD Patients Questionnaire

Name of Patient_____________________________         MRN#_____________________
Age__________         Gender:       Male       Female

Focused Medical History (Relating to lung/ liver disease only) ___________________________

PFT/spirometry on record?
    FEV1 %: _________________
    FVC %: _________________
    FEV1/FVC ratio %: ________________

COPD GOLD stage ________

Things to ask patient:

Phone # (that will be used to return results if positive) __________________________

Lung disease diagnosed before 45 years old? __________________________

Smoking History:
    Current Smoker:     Yes       No
    Packs per day smoked:  __________
    How many years: ___________

Family History of lung disease? _______________________________________________

Ever been hospitalized for breathing issue?     Yes      No      why? ________________________

Do you currently require home oxygen? Yes, always       No, never       Nocturnal oxygen only

Do you have a Pulmonologist?       Yes     No           who? __________________________

Work exposures including glass, asbestos, sand blasting?   Yes    No     exposure: __________

Name of Alpha 1 Tester: ____________________      Date tested: __________________