

Site visit questionnaire
ULTRA 2
Clinical visit

Site: _____

Date: _____

Spirometry:

- | | |
|---|----------|
| 1. Calibration in the morning + every 4 hours | Yes / No |
| 2. The blows of the field worker done | Yes / No |
| 3. Are the records kept from the above mentioned procedures | Yes / No |
| 4. The curves from the first round sent to WAU | Yes / No |
| 5. Comparison to WAU spirometry | Yes / No |
| 6. The spirometry done according the SOP | Yes / No |

BP

- | | |
|---|----------|
| 7. Equipment compared to sphygmomanometer | Yes / No |
|---|----------|

Heart rate monitored during the exercise

8. with _____

Holter

- | | |
|------------------------------|----------|
| 9. all recorders used evenly | Yes / No |
| 10. SOP followed | Yes / No |

Flow

- | | |
|-------------------|----------|
| 11. SOP followed | Yes / No |
| 12. Logbook check | |

Number of field workers doing clinical visits _____

Time of the day for the visits _____

How the subjects come to the visit _____

- | | |
|---|----------|
| Are the visits scheduled at the same time for all visits? | Yes / No |
|---|----------|

Remarks:
