Online Supplement

A Novel Approach to Screening for Alpha-1 Antitrypsin Deficiency: Inpatient Testing at a Teaching Institution

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Name of Alpha 1 Tester:

Questionnaire utilized in Alpha-1 Antitrypsin Def	•	ient testin	g of COPD Patie	ents Questionnaire	
Name of Patient			MRN#		
Age	Gender:	Male	Female		
Focused Medical History	(Relating to lu	ng/ liver d	isease only)		
PFT/spirometry on record FEV1 %: FVC %: FEV1/FVC ratio %					
COPD GOLD stage					
Things to ask patient:					
Phone # (that will be used	to return resu	lts if positi	ve)		
Lung disease diagnosed b	efore 45 years	old?			
Smoking History: Current Smoker: Packs per day smo How many years:	ked:				
Family History of lung di	sease?				
Ever been hospitalized for	breathing issu	ie? Yes	No why?		
Do you currently require l	nome oxygen?	Yes, alw	ays No, neve	er Nocturnal oxygen only	
Do you have a Pulmonolo	gist? Yes	No	who?		
Work exposures including	g glass, asbesto	os, sand bla	asting? Yes No	exposure:	

Date tested: