

Clinical research form

Patients' code:

Weight: kg

Height: cm

Age: years

1. Do you smoke now?

NO YES
☐ ☐

2. Have you ever smoked as long as for one year?

NO YES
☐ ☐

3. Do you have any known allergies?

If yes, against what

NO YES
☐ ☐

4. Are you having a cold now?

NO YES
☐ ☐

5. Do you have any respiratory diseases?

NO YES
☐ ☐

6. Do you have any chronic diseases?

NO YES
☐ ☐

7. Have you eaten large quantities of vegetables during the last hours?
(especially lettuce or spinach)

NO YES
☐ ☐

8. Have you had tea or coffee during the last hours?

NO YES
☐ ☐

9. Have you exercised the hour before the clinical visit?

NO YES
☐ ☐

10. Are you regularly exposed to tobacco smoke?
(regularly = most days or nights)

NO YES
☐ ☐

11. Mouthwash performed

NO YES
☐ ☐

Measurements	1	2	3	4	5	6	7	8
Flow-rate (mL s^{-1})								
$F_{\text{E}}\text{NO}$ (ppb)								

Environmental NO concentration in the laboratory: ppb

	$F_{\text{E}}\text{NO}_{50}$ (ppb)	$C_{\text{A}}\text{NO}$ (ppb)	$J_{\text{aw}}\text{NO}$ (nL/s)	$C_{\text{aw}}\text{NO}$ (ppb)	$D_{\text{aw}}\text{NO}$ (mL/s)
NO estimates					

Observations
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Investigator:

Date