

BETA-AGONIST REVERSIBILITY TESTING

BETA

Patient ID:	1_			
Patient Initials:			_	
Visit Number:		_		
Visit Date:	/_		/_	
Technician ID:	nth	day		year

(Technician completed)

Do NOT complete this form if the patient has not successfully completed the Lung Function Screening form (LUNGSCR).

01	1.	Spirometer serial number		
02	PRE 2.	-BRONCHODILATOR TESTING (PRE) Time pre-bronchodilator testing started (based on 24-hour clock)		
	_	best effort reflects the run where the of FEV ₁ and FVC are highest.		
03A	3.	Results of best effort	FVC	L
03B			FEV ₁	L
03C			PEFR _	L/S
03D			FEF ₂₅₋₇₅	L/S
04	4.	Was the pre-bronchodilator testing technically acceptable?		□ ₁ Yes □ ₀ No

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Patient ID:	1
Visit Number:	

POST-BRONCHODILATOR TESTING (POST)

05	5.	Time beta-agonist given (based on 24-hour clock)		
06	6.	Time post-bronchodilator testing started (based on 24-hour clock)		
		e best effort reflects the run where the n of FEV ₁ and FVC are highest.		
07A	7.	Results of best effort after beta-agonist	FVC	L
07B			FEV ₁	L
07C			PEFR	L/S
07D			FEF ₂₅₋₇₅	L/S
08	8.	Was the post-bronchodilator testing technically acceptable?		□ ₁ Yes □ ₀ No