

**LUNG FUNCTION
SCREENING**

LSCR

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

(Patient Interview completed)

- 01**

1. **(If Visit 1, do not complete Question # 1.)**
 Have you used either your rescue or scheduled inhaler in the past 8 hours?
If the time is less than 8 hours, pulmonary function testing must be rescheduled.

₁ Yes ₀ No

- 02**

2. Have you consumed caffeine in the past 8 hours?
Examples: Caffeinated colas (Pepsi, Coke), Coffee, Mello-Yello, Mountain Dew, Tea

₁ Yes ₀ No

- 03**

3. Have you used medications with caffeine in the past 8 hours?
Examples: Anacin, Darvon compound, Esgic, Excederin, Fiorinal, Fioricet, No Doz, Norgesic, Vivarin

₁ Yes ₀ No

- 04**

4. Have you consumed any food containing alcohol or beverages containing alcohol in the past 8 hours?

₁ Yes ₀ No

- 05**

5. Have you used terfenadine (e.g. Seldane) in the past 48 hours?

₁ Yes ₀ No

- 06**

6. At this time, is your asthma being exacerbated by recent exercise or by recent exposure to cold air, smoke, or allergens?

₁ Yes ₀ No

- 07**

7. Is there any other reason for which you should not proceed with the pulmonary function testing?
 If **Yes**, explain _____

₁ Yes ₀ No

08 8. Is the patient eligible to proceed with the pulmonary function testing? **If any of the shaded boxes are filled in, the patient is NOT eligible for testing.** ₁ Yes ₀ No

☞ If Yes, please continue with the pulmonary function process.

☞ If No, the pulmonary function testing should be rescheduled within the visit time window.