METHACHOLINE CHALLENGE TESTING

METH

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

(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 2. Will Provocholine be used? ❑$_1$ Yes ❑$_0$ No

BASELINE PULMONARY FUNCTION TESTING

03 3. Time challenge started (*based on 24-hour clock*) ___ ___ ___ ___

The best effort reflects the run where the sum of FEV_1 and FVC are maximized.

04A 4. Results of best effort

04B **Clinic Use Only** FEV_1 ___ ___ ___ % predicted

04C

04D

FVC	___ . ___ ___ L
FEV_1	___ . ___ ___ L
PEFR	___ ___ . ___ ___ L/S
FEF_{25-75}	___ . ___ ___ L/S

05 5. Was the baseline pulmonary function testing technically acceptable? ❑$_1$ Yes ❑$_0$ No
If No, do NOT complete page 2 (Methacholine Challenge Test).

06 6. Does the patient have a baseline (pre-diluent) FEV_1 less than 65% of predicted FEV_1? ❑$_1$ Yes ❑$_0$ No
If Yes, do NOT complete page 2 (Methacholine Challenge Test).

Do NOT complete this page if the patient has not successfully completed the Methacholine Test Screening form (METHASCR).

METHACHOLINE CHALLENGE TEST

07 7. PC_{20} ___ ___ . ___ ___ mg/ml

08 8. Was the methacholine challenge testing technically acceptable? ❑1 Yes ❑0 No

09 9. Did the patient have an adverse event due to the methacholine challenge test? ❑1 Yes ❑0 No

If Yes, please complete the Adverse Event form (ADVERSE).