METHACHOLINE TEST SCREENING

MSCR

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

(Patient Interview completed)

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

01 1. Have you had a respiratory tract infection in the past 4 weeks? ❑ 1 Yes ❑ 0 No

02 2. Have you had an acute asthma attack requiring oral steroids (prednisone or a similar drug) in the past 4 weeks? ❑ 1 Yes ❑ 0 No

03 3. Have you had any other severe acute illness in the past 4 weeks? ❑ 1 Yes ❑ 0 No

03A If ***Yes***, have you received permission from the supervising physician to proceed with the methacholine challenge testing? ❑ 1 Yes ❑ 0 No
Name of physician: _____

04 4. Is there any other reason for which you should not proceed with the methacholine challenge testing? ❑ 1 Yes ❑ 0 No
If ***Yes***, explain _____

05 5. Is the patient eligible to proceed with the baseline pre-diluent pulmonary function testing for the methacholine challenge? ❑ 1 Yes ❑ 0 No
If any of the shaded boxes are filled in, the patient is NOT eligible for testing.
☞ If No, the baseline pulmonary function testing and the methacholine challenge should be rescheduled within the visit time window. If unable to reschedule within the time window, proceed with baseline pulmonary function testing ONLY.