Asthma C Clinical I Research M Network A

LUNG FUNCTION SCREENING

Subject ID: <u>2</u>					
Subject Initials:					
Visit Number:					
Visit Date:////					
month day year					
Technician ID:					

NIH/NHLBI

(Subject Interview completed)

1 CCD 04				
LSCR_01	1.	(If Visit 1, do not complete Question # 1.) Have you used your Ventolin® (RESCUE) inhaler in the past 6 hours? If the time is less than 6 hours, pulmonary function testing must be rescheduled.	1 Yes	□ ₀ No
LSCR_02	2.	Have you consumed caffeine in the past 8 hours? Examples : Caffeinated colas (Pepsi, Coke), Coffee, Mello-Yello, Mountain Dew, Tea	Yes	□ ₀ No
LSCR_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
LSCR_04	4.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 8 hours?	1 Yes	□ ₀ No
LSCR_05	5.	Has the subject taken any medications listed on the second page of the Exclusionary Drugs for CIMA reference card within the specified time periods?	Yes	□ ₀ No
LSCR_06	6.	Have you had a respiratory tract infection or any other pulmonary infection in the past 6 weeks?	☐ ₁ Yes	□ ₀ No
LSCR_07	7.	At this time, is your asthma being exacerbated by recent exercise, by recent exposure to cold air, smoke, or allergens, or by changes in the weather?	□ ₁ Yes	□ ₀ No
LSCR_08	8.	Is there any other reason for which you should not proceed with the pulmonary function testing? If <i>Yes</i> , explain	Yes	□ ₀ No
LSCR_09	9.	Is the subject eligible to proceed with the pulmonary function testing? If any of the shaded boxes are filled in, the subject is NOT eligible for testing. If Yes or this is a treatment failure visit, please continue with If No, the pulmonary function testing should be rescheduled with		·