

**METHACHOLINE CHALLENGE  
TESTING**

Subject ID:   2    
 Subject Initials: \_\_\_\_\_  
 Visit Number: \_\_\_\_\_  
 Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month      day      year  
 Technician ID: \_\_\_\_\_

*(Technician completed)*

**Complete this form only if the subject has successfully completed the Lung Function Screening form (LUNGSCR)**

**BASELINE PULMONARY FUNCTION TESTING**

**METH\_01** 1. Time challenge started (*based on 24-hour clock*) \_\_\_\_\_

**The best effort reflects the trial where the sum of FEV<sub>1</sub> and FVC are maximized.**

**METH\_02a** 2. Results of best effort FVC \_\_\_\_\_ L

**METH\_02b** **Clinic Use Only** FEV<sub>1</sub> \_\_\_\_\_ % predicted FEV<sub>1</sub> \_\_\_\_\_ L

**METH\_02c** **Visit 6 only** PEFR \_\_\_\_\_ L/S

**METH\_02d** If the subject has an FEV<sub>1</sub> ≤ 40% predicted **or** an FEV<sub>1</sub> ≤ 80% of the value recorded at Visit 3, **please complete the Treatment Failure packet (Visit 9).** FEF<sub>25-75</sub> \_\_\_\_\_ L/S

**METH\_03** 3. Does the subject have a baseline (pre-diluent) FEV<sub>1</sub> less than 55% of predicted FEV<sub>1</sub>? <sub>1</sub> Yes <sub>0</sub> No  
**If Yes, do NOT complete page 2 (Methacholine Challenge Test).**

METHACHOLINE CHALLENGE  
TESTING

Subject ID: 2 \_\_\_\_\_

Visit Number: \_\_\_\_

**Complete this page only if the subject has successfully completed the Methacholine Test Screening form (METHASCR).**

METHACHOLINE CHALLENGE TEST

**METH\_04** 4. PC<sub>20</sub> \_\_\_\_\_ . \_\_\_\_\_ mg/ml

**METH\_05** 5. Did the subject have a significant asthma exacerbation due to the methacholine challenge test? <sub>1</sub> Yes <sub>0</sub> No  
***If Yes, please complete the Significant Asthma Exacerbation form (SIGEX).***