



PULMONARY FUNCTION ELIGIBILITY FORM

ID NUMBER:									
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FORM CODE: PFT
VERSION: 1.0 10/26/10

Visit Number			SEQ #			
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0a) Form Date.....//

0b) Initials

Instructions: This form should be completed prior to conducting pulmonary function testing. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

- 1) Have you eaten a large meal with the last 2 hours?
 Yes Y → **if yes, wait a minimum of 15 minutes prior to PFTs**
 No N

- 2) Have you smoked within the last hour?
 Yes Y → **if yes, wait a minimum of 15 minutes prior to PFTs**
 No N

- 3) Have you participated in any vigorous exercise in the past 30 minutes?
 Yes Y → **if yes, wait a minimum of 15 minutes prior to PFTs**
 No N

- 4) Have you consumed any alcoholic beverages within the past 4 hours?
 Yes Y → **if yes, wait to perform eCO but must be before DLCO (if performed)**
 No N

- 5) Have you taken any inhaled or oral medication for your lungs in the past 48 hours?
 Yes Y
 No N → **Go to item 12**

- 6) Have you used tiotropium (Spiriva) within in the past 48 hours?
 Yes Y
 No N → **Go to item 7**

6a) Date // time : AM/PM (circle one)

- 7) Have you used theophylline (Theo 24, Uniphyll, Theochron) within past 48 hrs?
 Yes Y
 No N → **Go to item 8**

7a) What is the most recent type of theophylline you have used?:.....
 1) a once-a-day preparation (Theo 24, Uniphyll)

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- 2) an extended release preparation (Theochron, generic SR)
- 3) an immediate release preparation (Elixophyllin, Theolair)

7b) Date / / time : AM/PM (circle one)

8) Have you used another once-a-day bronchodilator within in the past 48 hours?
Yes Y
No..... N → **Go to item 9**

8a) Date / / time : AM/PM (circle one)

8b) Name: _____

9) Have you used any long-acting (12-hour) beta agonist within in the past 24 hours?
Yes Y
No..... N → **Go to item 10**

9a) What is the most recent long acting beta agonist you have used?:.....

- 1) Albuterol sustained release tab. (VoSpire ER):
- 2) Arformoterol (Brovana):
- 3) Formoterol (Dulera, Foradil, Perforomist, Symbicort):
- 4) Salmeterol (Advair Diskus, Advair HFA, Serevent Diskus)
- 5) Other 12 hour beta agonist: Name: _____

9b) Time : AM/PM (circle one)

10) Have you used ipratropium within the past 8 hours?
Yes Y
No..... N → **Go to item 11**

10a) What is the most recent ipratropium or ipratropium/albuterol combination have you used?

- 1) Ipratropium (Atrovent, generic ipratropium nebulizer solution)
- 2) Ipratropium/albuterol combination (Combivent, Duoneb, generic nebulizer solution)

10b) Time : AM/PM (circle one)

If <300 minutes since last ipratropium dose, see partial dosing instruction in the PFT MOP.

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11) Have you used any short-acting beta agonist within in the past 6 hours?

Yes Y

No..... N → **Go to item 12**

11a) What is the most recent short-acting beta agonist have you used?.....

- 1) Albuterol (ProAir HFA, Proventil HFA, Ventolin HFA, Acuneb, generic solution, non-sustained release oral tablets)
- 2) Epinephrine (Epipen, Twinject, S2, generic)
- 3) Levalbuterol (Xopenex HFA, Xopenex solution, generic solution)
- 4) Metaproterenol (generic solution, syrup, non-sustained release tablets)
- 5) Pirbuterol (Maxair)
- 6) Terbutaline (generic tablets)
- 7) Other short-acting beta agonist: Name _____

11b) Time : AM/PM (*circle one*)

If <165 minutes since last short-acting beta agonist dose, see partial dosing instructions in PFT MOP.

12) Have you had more then 18 oz. of coffee (or equivalent caffeine, 200 mg), in the past 6 hours?

Yes Y

No..... N

*200 mg= (roughly):18 oz of coffee, 4 shots of espresso, 40 oz of tea,
60 oz of a cola soft drink, 16 oz of energy drink*