



PULMONARY FUNCTION ELIGIBILITY FORM

ID NUMBER:

FORM CODE: PFE
VERSION: 1.0 11/15/2017

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed prior to conducting pulmonary function testing.

1) Have you smoked within the last hour?

No₀

Yes₁ → **If yes, wait a minimum of 30 minutes prior to conducting PFEs**

2) Have you taken any medication for your COPD within the last 24 hours?

No₀ → **Go to 7**

Yes₁

3) Have you taken an oral bronchodilator (Metaproterenol, Terbutaline, Theophylline, Theo 24, Theochron, Uniphyll)?

No₀ → **Go to 4**

Yes₁

3a) Time taken: : AM/PM
H H M M

4) Have you taken a once-a-day inhaled bronchodilator (Anoro, Arcapta, Breo, Incruse, Spiriva, Stiolto, Striverdi, or Trelegy)?

No₀ → **Go to 5**

Yes₁

4a) Time taken: : AM/PM
H H M M

5) Have you taken a twice-a-day inhaled bronchodilator (Advair, Air-Duo, Bevespi, Brovana, Dulera, Foradil, Perforomist, Seebri, Serevent, Symbicort, Tudorza, Utibron)?

No₀ → **Go to 6**

Yes₁

5a) Time taken: : AM/PM
H H M M

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6) Have you taken a short acting (rescue) bronchodilator including by nebulizer (Acuneb, Atrovent, Combivent, Duoneb, ProAir, Proventil, Ventolin, Xopenex)?

- No₀ → **Go to 7**
 Yes₁

6a) Time taken: : AM/PM
 H H M M

If <300 minutes since last ipratropium dose or <165 minutes since last short-acting beta agonist dose, see partial dosing instructions in PFE MOP.

7) Have you taken any caffeine-containing beverages (coffee, tea, cola, energy drinks) in the past 6 hours?

- No₀
 Yes₁

END OF FORM