Asthma Clinical A Research Network NIHNHLBI

LUNG FUNCTION SCREENING

LSCR

Patient ID:	<u> 1 </u>			
Patient Initials:				
Visit Number:				
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Visit Date:	/_		/	
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Technician ID:		,	,	

(Patient Interview completed)

01	1.	(If Visit 1, do not complete Question # 1.) Have you used either your rescue or scheduled inhaler in the past 8 hours? If the time is less than 8 hours, pulmonary function testing must be rescheduled.	☐ ₁ Yes	□ ₀ No	
02	2.	Have you consumed caffeine in the past 8 hours? Examples: Caffeinated colas (Pepsi, Coke), Coffee, Mello-Yello, Mountain Dew, Tea	☐ ₁ Yes	□ ₀ No	
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	Tage 1 Yes	□ ₀ No	
04	4.	Have you consumed any food containing alcohol or beverages containing alcohol in the past 8 hours?	1 Yes	□ ₀ No	
05	5.	Have you used terfenadine (e.g. Seldane) in the past 48 hours?	Yes	$\square_{\scriptscriptstyle 0}$ No	
06	6.	At this time, is your asthma being exacerbated by recent exercise or by recent exposure to cold air, smoke, or allergens?	☐ ₁ Yes	□ ₀ No	
07	7.	Is there any other reason for which you should not proceed with the pulmonary function testing? If <i>Yes</i> , explain	☐ ₁ Yes	□ ₀ No	
08	8.	Is the patient eligible to proceed with the pulmonary function testing? If any of the shaded boxes are filled in, the patient is NOT eligible for testing. If Yes, please continue with the pulmonary function process. If No, the pulmonary function testing should be rescheduled with the pulmonary function	\square ₁ Yes	□ ₀ No	