

**METHACHOLINE CHALLENGE
TESTING**
METH

Patient ID: 1
 Patient Initials: _____
 Visit Number: _____
 Visit Date: ____/____/____
month day year
 Technician ID: _____

(Technician completed)

Do NOT complete this form if the patient has not successfully completed the Lung Function Screening form (LUNGSCR).

01 1. Spirometer serial number _____

02 2. Will Provocholine be used? ₁ Yes ₀ No

BASELINE PULMONARY FUNCTION TESTING

03 3. Time challenge started (*based on 24-hour clock*) _____

The best effort reflects the run where the sum of FEV₁ and FVC are maximized.

04A 4. Results of best effort FVC _____ L

04B **Clinic Use Only** FEV₁ _____ % predicted FEV₁ _____ L

04C PEFR _____ L/S

04D FEF₂₅₋₇₅ _____ L/S

05 5. Was the baseline pulmonary function testing technically acceptable? ₁ Yes ₀ No
If No, do NOT complete page 2 (Methacholine Challenge Test).

06 6. Does the patient have a baseline (pre-diluent) FEV₁ less than 65% of predicted FEV₁? ₁ Yes ₀ No
If Yes, do NOT complete page 2 (Methacholine Challenge Test).

**METHACHOLINE CHALLENGE
TESTING**

Patient ID: 1 _____

Visit Number: _____

Do NOT complete this page if the patient has not successfully completed the Methacholine Test Screening form (METHASCR).

METHACHOLINE CHALLENGE TEST

07

7. PC₂₀

_____ . _____ mg/ml

08

8. Was the methacholine challenge testing technically acceptable?

₁ Yes ₀ No

09

9. Did the patient have an adverse event due to the methacholine challenge test?

₁ Yes ₀ No

If Yes, please complete the Adverse Event form (ADVERSE).