

**BETA-AGONIST REVERSIBILITY
TESTING**

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

(Technician completed)

Complete this form only if the patient has successfully completed the Lung Function Screening form (LUNGSCR).

PRE-BRONCHODILATOR TESTING (PRE)

BETA_01 1. Time pre-bronchodilator testing started _____
 (based on 24-hour clock)

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

BETA_02a 2. Results of best effort FVC _____ L

BETA_02b FEV₁ _____ L

BETA_02c PEFR _____ L/S

BETA_02d FEF₂₅₋₇₅ _____ L/S

Clinic Use Only FEV₁ _____ % predicted

Visits 4 and 5 only

If the subject has an FEV₁ ≤ 40% predicted
or
 an FEV₁ ≤ 80% of the value recorded at Visit 3,
please complete the Treatment Failure packet (Visit 9).

POST-BRONCHODILATOR TESTING (POST)

BETA_03 3. Time beta-agonist given (based on 24-hour clock) _____

BETA_04 4. Time post-bronchodilator testing started _____
 (based on 24-hour clock)

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

BETA_05a 5. Results of best effort after beta-agonist FVC _____ L

BETA_05b FEV₁ _____ L

BETA_05c PEFR _____ L/S

BETA_05d FEF₂₅₋₇₅ _____ L/S