		cal	LUNG FUNCTION SCREENING	Subject ID: 2 Subject Initials:
	(Sul	bject Interview comp	leted)	
LSCR_01	1.	(If Visit 1, do not	complete Question # 1.)	
		6 hours?	ur Ventolin [®] (RESCUE) inhaler in the past than 6 hours, pulmonary function rescheduled.	Yes
LSCR_02	2.	Have you consum	ed caffeine in the past 8 hours?	\square 1 Yes \square_0 No
		Examples: Caffe	inated colas (Pepsi, Coke), Coffee, Yello, Mountain Dew, Tea	
LSCR_03	3.	•	edications with caffeine in the past 8	\square 1 Yes \square No
		•	n, Darvon compound, Esgic, Excederin, al, Fioricet, No Doz, Norgesic, Vivarin	
LSCR_04	4.		ed any food containing alcohol or beverages in the past 8 hours?	I Yes D No
LSCR_05	5.		ken any medications listed on the second sionary Drugs for CIMA reference card d time periods?	\square_1 Yes \square_0 No
LSCR_06	6.		spiratory tract infection or any other n in the past 6 weeks?	\Box_1 Yes \Box_0 No
LSCR_07	7.		r asthma being exacerbated by recent t exposure to cold air, smoke, or allergens, ne weather?	□_ ₁ Yes □ ₀ No
LSCR_08	8.	Is there any other with the pulmonar	reason for which you should not proceed y function testing?	\square 1 Yes \square_0 No
		If <i>Yes</i> , explain		
LSCR_09	9.	testing? If any of the eligible for testing.	ble to proceed with the pulmonary function <i>he shaded boxes are filled in, the subject is NOT</i> a a <i>treatment failure</i> visit, please continue with honary function testing should be rescheduled	