

**METHACHOLINE CHALLENGE
TESTING**

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

(Technician completed)

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

BASELINE PULMONARY FUNCTION TESTING

METH_01 1. Time challenge started (*based on 24-hour clock*) _____

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

METH_02a	2. Results of best effort	FVC	_____ L
METH_02b	Clinic Use Only FEV ₁ _____ % predicted Visit 6 only If the subject has an FEV ₁ ≤ 40% predicted <i>or</i> an FEV ₁ ≤ 80% of the value recorded at Visit 3, please complete the Treatment Failure packet (Visit 9).	FEV ₁	_____ L
METH_02c		PEFR	_____ L/S
METH_02d		FEF ₂₅₋₇₅	_____ L/S

METH_03 3. Does the subject have a baseline (pre-diluent) FEV₁ less than 55% of predicted FEV₁? ₁ Yes ₀ No

If Yes, do NOT complete page 2 (Methacholine Challenge Test).

METHACHOLINE CHALLENGE
TESTING

Subject ID: 2 _____

Visit Number: ____

Complete this page only if the subject has successfully completed the Methacholine Test Screening form (METHASCR).

METHACHOLINE CHALLENGE TEST

METH_04 4. PC₂₀ _____ . _____ mg/ml

METH_05 5. Did the subject have a significant asthma exacerbation due to the methacholine challenge test? ₁ Yes ₀ No
If Yes, please complete the Significant Asthma Exacerbation form (SIGEX).