

**METHACHOLINE
TEST
SCREENING**

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

(Subject Interview completed)

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

MSCR_01 1. Have you had an acute asthma attack requiring oral steroids (prednisone or a similar drug) in the past 4 weeks? ₁ Yes ₀ No

MSCR_02 2. Have you had any other severe acute illness in the past 4 weeks? ₁ Yes ₀ No

MSCR_02a If **Yes**, have you received permission from the supervising physician to proceed with the methacholine challenge testing? ₁ Yes ₀ No
 Name of physician: _____

MSCR_03 3. Has the subject been deemed a treatment failure? ₁ Yes ₀ No

MSCR_04 4. Is there any other reason for which you should not proceed with the methacholine challenge testing? ₁ Yes ₀ No
 If **Yes**, explain _____

MSCR_05 5. Is the subject eligible to proceed with the diluent (solution #0) pulmonary function testing for the methacholine challenge? ₁ Yes ₀ No
If any of the shaded boxes are filled in, the subject is NOT eligible for testing.
 ☞ If No, the baseline pulmonary function testing and the methacholine challenge should be rescheduled within the visit time window. If unable to reschedule within the time window, proceed with baseline pulmonary function testing **ONLY**.