



PULMONARY FUNCTION TEST

1. Person completing form (Name): \_\_\_\_\_ (Initials):
2. CSSCD Code number of person completing form (if known):
3. Date test given (Month, Day, Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. SPIROMETRY

1. Forced Vital Capacity (L, BTPS):  -
2. Forced Expiratory Volume/1 Sec (L, BTPS):  -
3. FEV/FVC (%):  -
4. Forced Expiratory Flow Rate
- a. at peak flow (L, BTPS):  -
  - b. at 50% of vital capacity (L, BTPS):  -
  - c. at 25% of vital capacity (L, BTPS):  -
  - d. FEF 25-75% (L, BTPS):  -

5. LUNG VOLUMES

1. Total Lung Capacity (L, BTPS):  -
2. Functional Residual Capacity (L, BTPS):  -
3. Residual Volume (L, BTPS):  -
4. RV/TLC (%):  -
5. Measurements obtained by (CHECK ONE):

1. 7-minute Helium rebreathing method

2. Body plethysmography

6. SINGLE BREATH  
DIFFUSING CAPACITY-CO

1. Diffusing Capacity CO (ml/min/mmHg):  -
2. Hemoglobin (g/dl):  -
3. Single Breath TLC (L, BTPS):  -
4. Single Breath Residual Volume (L, BTPS):  -

7. BLOOD GASES

(drawn with patient at rest,  
sitting, breathing room air)

1. pO<sub>2</sub> (mmHg):
2. pCO<sub>2</sub> (mmHg):
3. pH:  -
4. Body temperature at time blood is drawn (°C):  -

8. HEIGHT (cm):

-

9. WEIGHT (kg):

-

10. BODY SURFACE AREA (m<sup>2</sup>):

-

Name of Data Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (Month, Day, Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_