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Patient Label

PRE-PFT QUESTIONNAIRE

- 1. **Are you feeling alright today?** YES NO
(If no, postpone the test for at least 3 days, any acute illness might affect his/her ability to take a deep breath or to blow out forcefully.)
- 2. **Have you smoked any cigarettes, pipes, or cigars within the last hour?** YES NO
- 3. **Have you used any inhaled medications, such as an aerosolized bronchodilator within the last hour?** YES NO
(If yes to either, postpone the test at least 1 hour as this can have a short-term effect on the small airways)
- 4. **Have you eaten a heavy meal in the past hour?** YES NO
(If yes, postpone testing for 1 hour. A heavy meal may have a short-term effect on one's ability to take the deepest breath possible.)
- 5. **Have you had any lung infections such as the flu, pneumonia, bronchitis, or perforated eardrum within the last 3 weeks?** YES NO
(If yes, postpone testing for at least 3 weeks after the symptoms have passed as such illnesses may have a short-term effect on the airways and/or cause ear discomfort during forceful expiration.)
- 6. **Have you had any recent surgeries?** YES NO
(If the subject has had any major surgeries including oral surgeries and/or eye surgery, consult with the surgeon to determine how long to postpone the test. The subject's ability to take a deep breath or to obtain a tight seal around the mouthpiece may be temporarily affected.)
- 7. **Are you in your last trimester of pregnancy?** YES NO
(If yes, do not perform test, as the later stages of pregnancy may affect the subject's ability to take a full deep breath.)

Patient Signature: _____ Date: ___/___/___ Time: _____

OFFICE USE ONLY:

Blood Pressure: _____ Manual Automatic Arm: Right Left

Height: _____ Weight: _____ (kg)

Provider consulted: Yes No

If yes, provider comments: _____

_____ Date: ___/___/___ Time: _____

Provider's Signature