

PULMONARY FUNCTION ELIGIBILITY FORM

ID NUMBER:

FORM CODE: PFE
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed prior to conducting pulmonary function testing during the participant's clinic visit.

1) Have you smoked within the last hour?

No₀

Yes₁ → **If yes, wait a minimum of 30 minutes prior to conducting spirometry.**

2) Have you taken a short acting (rescue) bronchodilator including by nebulizer (AccuNeb, Atrovent, Combivent, DuoNeb, ProAir, Proventil, Ventolin, Xopenex)?

No₀ → **Go to 3**

Yes₁

2a) Time taken: : AM₁ / PM₂

If < 300 minutes since last ipratropium dose or < 165 minutes since last short-acting beta agonist dose, see partial dosing instructions in spirometry MOP.

3) Have you taken an oral bronchodilator (Metaproterenol, Terbutaline, Theophylline, Theo-24, Theochron, Uniphyll)?

No₀ → **Go to 4**

Yes₁

3a) Time taken: : AM₁ / PM₂

4) Have you taken a once-a-day inhaled bronchodilator (Anoro, Arcapta, Breo, Incruse, Spiriva, Stiolto, Striverdi, or Trelegy)?

No₀ → **Go to 5**

Yes₁

4a) Time taken: : AM₁ / PM₂

5) Have you taken a twice-a-day inhaled bronchodilator (Advair, AirDuo, Bevespi, Brovana, Dulera, Foradil, Perforomist, Seebri, Serevent, Symbicort, Tudorza, Utibron)?

No₀ → **Go to End**

Yes₁

5a) Time taken: : AM₁ / PM₂

END OF FORM