



## PFT / SPIROMETRY PRESCREENING QUESTIONS

Completed by Certified Spirometry Technician Prior to Testing and Attached to the Spirometry Record.

**Social Security # or I.D.#:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Ethnic:**  Caucasian  Hispanic  Asian  Other  
**Gender:**  Male  Female **Smoker:**  Yes  No  Former  Asthma

- Yes No 1. In the past 6 weeks have you had a chest injury or surgery involving the eye, ear, chest, abdomen or been hospitalized for a heart attack?  
**1a. If yes, do not test at this time. Reschedule spirometry test for 6 weeks.**
- Yes No 2. Are you under a clinician's care for high blood pressure?  
**2a. If blood pressure is elevated above 140/90, obtain clinician's clearance before proceeding.**
- Yes No 3. Do you smoke?
- Yes No 4. Within the last hour have you smoked tobacco?
- Yes No 5. Within the last hour have you eaten a full meal?  
**5a. If Yes to either smoking or eating, if possible wait one hour before testing, otherwise make notation to clinician and proceed.**
- Yes No 6. Have you had a respiratory infection (such as flu, pneumonia, bronchitis, or a chest cold) in the last 3 weeks?  
**6a. If yes, Continue with spirometry testing now and schedule to retest in 6 weeks if the spirometry is abnormal.**
- Yes No 7. Have you used an inhaled bronchodilator (Primatine Mist, Ventolin, etc) in the last 6hours?  
**7a. If yes, continue with test, document in note to clinician.**
- Yes No 8. Have you had more than 2 cups of caffeinated coffee, tea, or cola (total) in the last 6 hours?  
**8a. If possible, wait one hour before testing, otherwise make notation to clinician and proceed.**
- Yes No 9. Are you wearing any tight or restrictive clothing?
- Yes No 10. Are you wearing dentures?

Spirometry technician's initials: \_\_\_\_\_