

Pulcheck

Date of Visit

(mm-dd-yyyy)

To Be Completed Prior To All Pulmonary Testing Procedures

Height, weight and temperature should be entered from the Physical Exam Form

1. Standing height (barefoot or thin socks)

(cm)

2. Weight (shoes off, light clothing)

(kg)

3. Temperature

(c)

EXCLUSIONS AND CONFOUNDERS

4. Is the participant's temperature > 37.9c?

Yes
 No

If Yes, STOP-Testing will need to be rescheduled. Complete missed visit form for this visit.

5. Is the participant currently experiencing pain that would prevent their ability to perform pulmonary testing?

Yes No

If Yes, STOP-Testing will need to be rescheduled. Complete missed visit form for this visit.

6. Has the participant taken any narcotics (ie: Oxycontin, Oxycodone, Morphine, Tylenol#3) for any pain within the last 48 hours?

Yes No

If Yes, Study Physician will need to be contacted before continuing with testing.

7. Within the last 24 hours, has the participant had any new or worsened cough, wheezing, shortness of breath, or chest tightness?

Yes No

If Yes, The Study Physician will need to be contacted before continuing with the testing and complete 7a.

7a. Has the study Physician determined that the participant may continue with testing procedures?

Yes
 No

If No, STOP-Testing will need to be rescheduled. Complete missed visit form for this visit.

8. During the past 4 hours, has the participant used a short-acting bronchodilator? Yes
 No

If Yes, have the participant wait the 4 hours. If the participant cannot wait, continue with testing and document medication on the Spirometry Form.

9. During the past 24 hours, has the participant used sustained-released theophylline? Yes
 No

10. During the past 12 hours, has the participant used a long-acting bronchodilator (i.e., salmeterol)?
 Yes No

11. During the past 2 weeks, has the participant had any respiratory infections, colds, or bronchitis?
 Yes No

12. Has the participant smoked any cigarettes or been exposed to cigarette smoke in the past month? Yes
 No

12a. If Yes, has the participant smoked or been exposed to smoke within the past hour? Yes
 No

13. Has the participant had anything to eat or drink within the past hour? Yes
 No

14. During the past 4 hours, has the participant had any caffeine (i.e., chocolate, cola drinks, caffeinated coffee or tea, or medication with caffeine)
 Yes No

15. Are Lung Volumes scheduled this visit? Yes
 No
 < 6 Years