

PRESCREENING QUESTIONS

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

Name (last, first): _____ Company: _____

ID# _____

- Yes No 1. In the last 6 weeks have you had a chest injury or surgery involving the eye, ear, chest, abdomen, have been diagnosed with an aneurysm or been hospitalized for a heart attack ?

If Yes:

1a. Do not test at this time. Reschedule spirometry test for 6 weeks or get treating physician's approval.

- Yes No 2. Are you under a physician's care for high blood pressure?

If Yes:

2a. If blood pressure exceeds action level, obtain Physician clearance before proceeding.

- Yes No 3. Within the last hour have you smoked or vaped?

If Yes:

3a. to smoking, if possible, wait one hour before testing, otherwise make a notation over reader and proceed.

- Yes No 4. Within the last hour have you eaten a full meal? (you know, like a big Thanksgiving meal?)

If Yes:

4a. to eating, if possible, wait one hour before testing, otherwise make notation to over reader and proceed.

- Yes No 5. Have you had a respiratory infection (such as flu, pneumonia, bronchitis, chest cold, or Covid) in the last 3 weeks?

If Yes:

5a. Postpone testing until 3 weeks after symptoms resolve.

- Yes No 6. Have you used an emergency inhaler the last 6 hours? (postpone if used)

- Yes No 7. Have you had more than 2 cups of caffeinated coffee, tea, energy drinks, Cola, or caffeine pills, (total) in the last 6 hours?

If Yes:

7a. If possible, wait one hour before testing, otherwise make notation to over reader and proceed.

- Yes No 8. Are you wearing any tight or restrictive clothing? If so, you might want to loosen up at this time.

- Yes No 9. Are you wearing dentures?

Today's Measurements

Height: ____ Inches (measured by standiometer) Weight: ____ Pounds (measured by scale)

BP (mmHg) ____/____ ____/____ ____/____

(If measurement falls exactly on the half inch, or half pound, round odd numbers down and even up).

Certified spirometry technician's initials or ID #: _____ Date: _____ - _____ 20____