



7736 Madison Blvd • Huntsville, AL 35806
256-830-8930 • fax 256-830-8932

Spirometry – Prescreening Questions

Date: _____

Name: _____ SS# _____

DOB: ____/____/____ Gender: Male Female Race: _____

Smoking history: Never Smoked Current Smoker Former Smoker
 Cigars Pipe Cigarettes Max # of cig. smoked per day ____ x ____ years

Yes	No	In the last 6 weeks have you had a chest injury or surgery involving the eye, ear, chest, abdomen or been hospitalized for a heart attack? If Yes: Do not test at this time. Reschedule spirometry test for 6 weeks.
Yes	No	Are you under a physicians care for high blood pressure? If Yes: If blood pressure exceeds action level of 160/100, obtain physician clearance before proceeding.
Yes	No	Have you used an inhaled bronchodilator (Primatine Mist, Ventolin, etc.) in the last 6 hours?
Yes	No	Have you had more than 2 cups of caffeinated coffee, tea or cola (total) in the last 6 hours?
Yes	No	Within the last hour have you smoked tobacco?
Yes	No	Within the last hour have you eaten a full meal? If Yes to any question: if possible wait one hour before testing, otherwise make notation to overreader and proceed.
Yes	No	Have you had a respiratory infection (such as flu, pneumonia, bronchitis, or a chest cold) in the last 3 weeks? If Yes: Continue the spirometry testing now and schedule to retest in 6 weeks.
Yes	No	Are you wearing any tight or restrictive clothing? If Yes: Please adjust any clothing that would keep you from taking a full deep breath.
Yes	No	Are you wearing dentures?

To be completed by the certified spirometry technician prior to testing and attached to the spirometry record.		
Weight: _____	pounds	Height: _____ inches
BP: _____	/	_____ / _____
Technician's signature: _____	Date: _____	