



Spirometry Pre-testing Questionnaire

Patient's Name:

DOB:

Date:

Yes No

1. In the last six weeks have you had surgery or been hospitalized for a heart attack? *If yes do not test at this time. Reschedule test in 6 weeks.*
2. Are you under a Physician's care for high blood pressure?
If blood pressure exceeds 150/90, obtain Physician's clearance to continue with Spirometry testing.
3. Within the last hour have you smoked?
If yes: wait one hour before testing.
4. Within the last hour have you eaten a full meal?
If yes: wait one hour before testing.
5. Have you had a respiratory infection (such as flu, pneumonia, bronchitis, or a chest cold) in the last three weeks?
If yes: and symptoms are still present reschedule test in 6 weeks
6. Have you used and inhaled bronchodialator (Primatene Mist, Ventolin, etc) in the last 6 hours?
If yes: May cause false readings.
7. Have you had more than 2 cups of caffeinated coffee, tea or cola in the last 6 hours?
If over 3 cups: Make note for the Physician.
8. Are you wearing any tight or restrictive clothing?
If yes: have patient loosen clothing, ties, belts, etc. so they don't restrict deep inhalations/expiration needed for accurate test results.
9. Are you wearing dentures?
If yes: Dentures left in for test Dentures removed for test