



# Pulmonary Function/Spirometry Questionnaire

## Patient Information

Patient Name	Date of Birth	Date

B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## Questionnaire

1. Do you smoke? If yes, have you smoked today?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
2. Do you have asthma or other lung disease now or in the past? If yes, have you used a breathing medicine in the last 6 hours? Name of the medicine(s):	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
3. Do you have a history of high or low blood pressure? If yes, is it controlled? Do you take medicine for your heart problem(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
4. Do you have heart disease- blockage, skip beats or valve problem? If yes, is it controlled? Do you take medicine for your heart problem(s)? Name of the medicine(s):	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
5. Have you had a head cold or sinus infection in the last week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had an ear infection in the last week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you had surgery (including dental) in the last 60 days? If yes, what was the surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you get dizzy or short of breath walking up an incline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever done a pulmonary function or spirometry test? If yes, were you told it was abnormal or normal?	<input type="checkbox"/> Yes <input type="checkbox"/> Normal	<input type="checkbox"/> No <input type="checkbox"/> Abnormal

Are there other things you want us to know before pulmonary function/spirometry testing?