

Spirometry Prescreen Questionnaire

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. In the <u>last 6 weeks</u> , have you had major surgery or been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	2. In the <u>last 4 weeks</u> , have you had a heart attack?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the <u>last 3 weeks</u> , have you had a respiratory infection (e.g. chest cold, pneumonia, bronchitis)?
<input type="checkbox"/>	<input type="checkbox"/>	4. In the <u>last hour</u> , have you smoked tobacco?
<input type="checkbox"/>	<input type="checkbox"/>	5. In the <u>last hour</u> , have you eaten a heavy meal?
<input type="checkbox"/>	<input type="checkbox"/>	6. In the <u>last hour</u> , have you used an albuterol rescue inhaler (Proair, Proventil)?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you wearing any tight clothing that interferes with your ability to breathe deeply?
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you wearing dentures?