1. Are you feeling alright today?  
   (If no, postpone the test for at least 3 days, any acute illness might affect his/her ability to take a deep breath or to blow out forcefully.)

2. Have you smoked any cigarettes, pipes, or cigars within the last hour?  

3. Have you used any inhaled medications, such as an aerosolized bronchodilator within the last hour?  
   (If yes to either, postpone the test at least 1 hour as this can have a short-term effect on the small airways)

4. Have you eaten a heavy meal in the past hour?  
   (If yes, postpone testing for 1 hour. A heavy meal may have a short-term effect on one's ability to take the deepest breath possible.)

5. Have you had any lung infections such as the flu, pneumonia, bronchitis, or perforated eardrum within the last 3 weeks?  
   (If yes, postpone testing for at least 3 weeks after the symptoms have passed as such illnesses may have a short-term effect on the airways and/or cause ear discomfort during forceful expiration.)

6. Have you had any recent surgeries?  
   (If the subject has had any major surgeries including oral surgeries and/or eye surgery, consult with the surgeon to determine how long to postpone the test. The subject's ability to take a deep breath or to obtain a tight seal around the mouthpiece may be temporarily affected.)

7. Are you in your last trimester of pregnancy?  
   (If yes, do not perform test, as the later stages of pregnancy may affect the subject's ability to take a full deep breath.)

Patient Signature: _________________________ Date:__/__/____ Time:_______

OFFICE USE ONLY:

Blood Pressure: ________________ □ Manual □ Automatic Arm: □ Right □ Left

Height: ____________ Weight: ____________ (kg)

Provider consulted: Yes □ No □

If yes, provider comments: ____________________________________________________________

____________________________ Date:__/__/____ Time:_______

Provider's Signature