

**Please follow the instructions carefully, so that the test results are accurate.**

1. Please arrive at MOB 2 Suite 190, 10 minutes before your appointment. The testing takes 30-60 minutes to complete.  
**If you can not keep your appointment, call 707-393-4008 to reschedule.**
2. Do not smoke for at least 6 hours prior to your test. Smoking can affect the results of the studies.
3. Large meals should be avoided prior to the test.
4. Wear shoes that are easy to slip off and on as we will be measuring your height without shoes on.
5. Unless otherwise instructed, please try to follow the instructions below for your Respiratory Medication inhalers on the day of your test. These medications will affect the results of your studies.
  - 6 hours before the test: **No** Ventolin, Proventil, Albuterol, Xopenex, Atrovent, Combivent, or Ipratropium, Proair.
  - The morning of the test: **No** Serevent, Dulera, Advair, Spiriva or Striverdi, Stiolto, Symbicort.

**However, if discomfort occurs or symptoms get worse, do not hesitate to take your medications.**

**Please inform the pulmonary function technician when medications have been taken.**

## Pulmonary Function Laboratory Questionnaire

**Please complete the questionnaire and bring to your appointment**

1. Have you had a "lung test" in the past?      Yes                  No  
If yes, how many years ago? \_\_\_\_\_
  
2. Have you smoked?      Yes                  No  
If yes, how many years? \_\_\_\_\_  
If cigarettes, how many packs per day? \_\_\_\_\_  
If cigars, how many per day? \_\_\_\_\_  
If pipes, how many pipe fulls per day? \_\_\_\_\_
  
3. If you no longer smoke, how long ago did you quit? \_\_\_\_\_
  
4. Have you lived with a smoker?      Yes                  No  
If yes, how many years? \_\_\_\_\_
  
5. Please check if you currently have, or have had in the past, any of the following condition(s), and the ages that condition(s) occurred:

- Pneumonia - Age \_\_\_\_\_
- Tuberculosis - Age \_\_\_\_\_
- Bronchitis - Age \_\_\_\_\_
- Valley Fever/coccidiomycosis - Age \_\_\_\_\_
- Sinusitis/PND/congestion/headaches - Age \_\_\_\_\_
- Family history of Pulmonary Illness - Age \_\_\_\_\_
- Frequent colds - Age \_\_\_\_\_
- Asthma - Age \_\_\_\_\_
- Emphysema - Age \_\_\_\_\_
- Allergies - Age \_\_\_\_\_
- Other \_\_\_\_\_

6. Have you had your pneumonia vaccine?      Yes                  No
  
7. Have you had a chest surgery or chest injury?      Yes                  No
  
8. List any breathing medications, including inhalers that you take.

Medication	What time did you last take them?

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9. List current occupations (including previous) and length of time at each.

Occupations	Years	Possible exposure*

*\*asbestos, fiberglass, silicon, coal dust, specific chemicals.*

10. Do you get short of breath at rest?      Yes                  No      With exertion?      Yes                  No

11. If at rest, on a scale of 0 to 10, how short of breath are you?

0	1	2	3	4	5	6	7	8	9	10
None										Extremely

12. If with exertion, indicate when you feel short of breath:

Slow walking

Normal walking

Climbing one flight of stairs

Other \_\_\_\_\_

13. Select the best description for your cough:

Never to rarely

Occasionally in the morning

Every or almost every morning

Occasionally or \_\_\_\_\_ frequently during the day

Gets worse in the evening

Wakes me up at night

14. Select the best description of your sputum within the last week:

None/rarely	Thick	Clear/white
Small amount	Medium	Yellow/green/gray
Medium amount	Thin	Brown
Large amount	Varies	Blood streaked