AMERICAN THORACIC SOCIETY

# Patient Information Series

# **Pulmonary Function Tests**

Pulmonary function tests (PFT's) are breathing tests to find out how well you move air in and out of your lungs and how well oxygen enters your body. The most common PFT's are *spirometry* (spy-RAH-me-tree), *diffusion studies* and *body plethysmography* (ple-thiz-MA-gra-fee). Sometimes only one test is done, other times all tests will be scheduled, often on the same day.



#### Lung function tests can be used to:

- Compare your lung function with known standards that show how well your lungs should be working.
- Measure the effect of chronic diseases like asthma, chronic obstructive lung disease (COPD), or cystic fibrosis on lung function.
- Identify early changes in lung function that might show a need for a change in treatment.
- Detect narrowing in the airways.
- Decide if a medicine (such as a bronchodilator) could be helpful to use.
- Show whether exposure to substances in your home or workplace have harmed your lungs.
- Determine your ability to tolerate surgery and medical procedures.

## To get the most accurate results from your breathing tests:

- Do not smoke for at least 1 hour before the test.
- Do not drink alcohol for at least 4 hours before the test.
- Do not exercise heavily for at least 30 minutes before the test.
- Do not wear tight clothing that makes it difficult for you to take a deep breath.
- Do not eat a large meal within 2 hours before the test.
- Ask your health care provider if there are any medicines that you should not take on the day of your test.

#### What is spirometry?

Spirometry is one of the most commonly ordered lung function tests. The spirometer measures how much air you can breathe into your lungs and how much air you can quickly blow out of your lungs. This test is done by having you take in a deep breath and then, as fast as you can, blow out all of the air. You will be blowing into a tube connected to a machine (spirometer).

The spirometry test is often repeated after giving you a breathing medicine (bronchodilator) to find out how much better you might breathe with this type of medicine. You will be asked to repeat this test two or three times to get an accurate measure of your lung function. It can take practice to be able to do spirometry well. The staff person will work with you to learn how to do the test correctly.

It usually takes 30 minutes to complete this test.

### What should I know before taking this test?

- You may be asked not to take your breathing medicines before this test.
- Instructions will be given on how to do this test. If you do not understand them, ask the technician to repeat them.
- It takes effort to do this test and you may become tired. This is expected.
- If you become light-headed or dizzy during this test, immediately stop blowing and let the technician know.





### **Evaluation for Respirator Use**

2800 Tamarack Ave Suite 001 South Windsor, CT 06074 Phone 860-647-4796 Fax 860-644-0287

Car	n you read? (Check one): [ ] YES [ ]NO		
con and	ur employer must allow you to answer this questionnaire during navenient to you. To maintain your confidentiality, your employer of your employer must tell you how to deliver or send this question iew it.	or supervisor must not loc	ok at or review your answers,
The	e following information must be provided by every employee who	has been selected to use	e any type of respirator.
Ple	ase print.		o amy type at the opinion
1. 2. 3.	Your name: Your age (to nearest year): years		
4.	Sex (check one): [ ]Male [ ]Female		
5. 6.			
7.	Your job title:		
8.	questionnaire (include area code):	•	o will review this
9. 10. 11.	Has your employer told you how to contact a CorpCare health questionnaire? (Check one): [ ]YES [ ]NO		iew this
	a. [ ]N, R, or P disposable respirator (filter-mask,	and, one category,	
	non-cartridge type)		
	Examples		
		Disposable filter-mask, "dust mask"	
	<ul> <li>b. [ ]Other type (for example, half or full-face piece type, powered-air purifying, supplied air, self-contained breathing apparatus).</li> </ul>		
	Examples		700 8
12.	Have you worn a respirator? (Check one): [ ]YES [ ]NO If YES, what type(s):	Half-face Respirator	Self-contained Breathing Apparatus
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#### Page 2

### **Evaluation for Respirator Use**

Questions 1 through 9 must be answered by every employee who has been selected to use any type of respirator. Please check "YES" or "NO".

1.	. Have you ever smoked? [ ] YES [ ] NO If YES, how old were you when you started? Years old Stopped? Years old	i	
	How many packs of cigarettes do/did you smoke per day?  Cigars per day?  /day	/	
	Do you currently analysis as because of the second	YES	[ ] NO
2.	. Have you ever had any of the following conditions? a. Seizures (fits)	IYES I	]NO [ ]NO [ ]NO
3.	Have you ever had any of the following pulmonary or lung problems?  a. Asbestosis	YES [ YES [ ]YES [ YES	JNO JNO JNO JNO
4.	Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?  a. Shortness of breath	JYES JYES JYES JYES JYES JYES JYES JYES	[ ]NO [ ]NO [ ]NO [ ]NO ]NO
5.	Have you ever had any of the following cardiovascular or heart problems?  a. Heart attack[]YES []NO  b. Stroke[]YES []NO  Angina	YES [ 'ES [	JNO JNO JNO
6.	b. Pain or tightness in your chest during physical activity. c. Pain or tightness in your chest that interferes with your job.  d. In the past two years, have you noticed your heart skipping or missing a beat.  e. Heartburn or indigestion that is not related to eating.	]YES [ ]YES [ ]YES [	[ ]NO [ ]NO [ ]NO [ ]NO

#### Page 3

# **Evaluation for Respirator Use**

b. Heart trouble
Please list any medication your are taking, including over-the-counter medication:
If you have used a respirator, have you ever had any of the following problems? (If you have never used a respirator, check the following space →   (I have never used a respirator), and go to question 9. a. Eye irritation
Would you like to talk to a CorpCare health professional about your answers to this questionnaire? [ ]YES [ ]NO
e following questions must be answered by every employee who has been selected to use either a full-fa ce respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to e other types of respirators, answering these questions is voluntary.
Have you ever lost vision in either eye (temporarily or permanent)? [ ]YES [ ]NO
Do you currently have any of the following vision problems?  a. Wear contact lenses
Have you ever had an injury to your ears, including a broken ear drum
Do your currently have any of the following hearing problems?  a. Difficulty hearing
Have you ever had a back injury [ ]YES [ ]NO
Do you currently have any of the following musculoskeletal problems?  a. Weakness in any of your arms, hands, legs, or feet

#### Page 4

# **Evaluation for Respirator Use**

16	. Please list any second jobs or side businesses:					
17	17. How often are you expected to use the respirator(s)? (Check all that apply) a. [ ]Escape only (no rescue) b. [ ]Emergency rescue only c. [ ]Less than 5 hours per week d. [ ]Less than 2 hours per day e. [ ]2 - 4 hours per day f. [ ]Over 4 hours per day					
18.	During the period you are using the respirator(s), is your work effort:  a. Light[]YES []NO Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 pounds) or controlling machines.					
	If YES, how long does this period last during the average work shift?hours andminutes					
	b. Moderate[]YES []NO Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 pounds) trunk level; walking on a level surface about 2 miles per hour or down a 5-degree grade about 3 miles per hour; or pushing a wheelbarrow with a heavy lo (about 100 pounds) on a level surface.					
	If YES, how long does this period last during the average work shift?hours andminutes					
	c. Heavy[]YES []NO Examples of heavy work are lifting a heavy load (about 50 pounds) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 miles per hour; climbing stairs with a heavy load (about 50 pounds).					
	If YES, how long does this period last during the average work shift?hours_andminutes					
19.	Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator?[]YES []NO					
	IF YES, describe this protective clothing and/or equipment:					
20.	Will you be working under hot conditions (temperature exceeding 77 degrees F.) ?[ ]YES [ ]NO					
21.	Will you be working under humid conditions?[ ]YES [ ]NO					
22.	. Describe the work you will be doing while you are using your respirator(s):					
23.	B. Describe any special or hazardous conditions you might encounter when you are using your respirator(s) (for example, confined spaces, life-threatening gases):					
24.	Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):					



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Date//										
Name:										
Social Security Number:										
[ ] Measured [ ] Estimated ———	Measured [ ] Estimated [ ]	FEV1%	RESTRICTIVE		NORMAL					
M/F Age Ht	Wt Race	90							-	
Blood Pressure/	Smoking: pack-years	80								
		70							1	
FVCLiters	percent of predicted	60								1
FEV1 Liters		50						1		
FEV1 Liters	percent of predicted	40								
FEV1/FVC measured		30						<u></u>		
		20	30		0 60 BINED	- 1	80 g	90 1 Stru		110
Longitudinal monitoring (option	al):						OB	, I ICO	CII	V 1
Date FVC (Liters)	FEV1 FEV1/FVC (Liters)	(The percent of different to year, the simply due lung volun	ter volumes, NOT percents of predicted.  the percent of predicted depends on height,  different heights have been entered from year  year, then the percents of predicted will vary  mply due to different height estimations. The  ng volumes, however, should be accurately  easured, regardless of height estimate.)							
CorpCare comments:			· · · · · · · · · · · · · · · · · · ·							-
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Signed			Cr	eated on	4/20/20	12 12:1	15:00 PM	ļ		