



**UNITED STATES DEPARTMENT OF COMMERCE**  
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## Spirometry Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

1. In the last 6 weeks have you had major surgery or been hospitalized for heart attack?  
Yes                      No
2. Are you under a physicians care for high blood pressure?  
Yes                      No
3. Do you have current illness involving the eye, ear, chest or abdomen?  
Yes                      No
4. Have you smoked within the last hour?  
Yes                      No
5. Have you had a heavy meal in the last 2 hours?  
Yes                      No
6. Have you had a respiratory infection in the last 3 weeks?  
(Such as flu, pneumonia, bronchitis, or chest cold)  
Yes                      No
7. Have you used an inhaled bronchodilator in the last 6 hours? (Primatine mist, Ventolin, etc.)  
Yes                      No
8. Have you had more than 2 cups of caffeinated coffee, tea, or cola in the last 6 hours?  
Yes                      No
9. Are you wearing any tight or restrictive clothing? (If yes, loosen them)  
Yes                      No
10. Are you wearing dentures? (If yes, remove them.)  
Yes                      No

**Do not smoke 1 hour before appointment.**

**Do not have a heavy meal 2 hours before appointment**

**Do not have more than 2 cups of caffeinated drinks 6 hours before your appointment.**