



1. a) Was Overnight Oximetry performed?

☐ Yes

☐ No (skip to Question 2)

b) Overnight Oximetry

Values:(last values prior to discharge from facility, rounded to the nearest whole number)

Mean oxygen sat.

___ . ___ %

☐ Unk

Mean low oxygen sat.

___ . ___ %

☐ Unk

Percentage of time below 90%

___ %

☐ Unk

c) Overnight Oximetry start date:

___ / ___ / ___
YYYY MM DD

Enter as much of the date as is known.

2. a) Was Peak Cough Flow measurement performed?

☐ Yes

☐ No (skip to Question 3)

b) FIRST unassisted peak cough flow (PCF):

(First available after admission. Test performed in the sitting position.)

___ Litres/minute

c) Date FIRST Peak Cough Flow measurement performed:

___ / ___ / ___
YYYY MM DD

Enter as much of the date as is known.

d) LAST unassisted peak cough flow (PCF):

(Last available before discharge. Test performed in the sitting position.)

___ Litres/minute

☐ Unknown

e) Date LAST Peak Cough Flow measurement performed:

___ / ___ / ___
YYYY MM DD

Enter as much of the date as is known.

3. a) Was Spirometry performed?

(You may find only some of the spirometry tests have been performed. If so, please answer "Yes", and enter values available into the table on the next page.)

☐ Yes

☐ No (skip to Question Data Collection Details)

CHART ABSTRACTION

CI-Resp-MULT

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b) If Yes, enter values from last spirometry test performed prior to discharge from facility.

i. Forced Vital Capacity (FVC):	__ . __ __ Litres <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown
ii. Forced Expiratory Volume in One Second (FEV1):	__ . __ __ Litres <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown
iii. Vital Capacity (VC):	__ . __ __ Litres <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown
iv. Peak Expiratory Flow (PEF):	__ . __ __ Litres/sec OR __ __ Litres/min <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown
v. Maximum Inspiratory Pressure (MIP or PImax):	__ __ cmH ₂ O <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown
vi. Maximum Expiratory Pressure (MEP or PEmax):	__ __ cmH ₂ O <input type="checkbox"/> Unknown	__ __ % predicted <input type="checkbox"/> Unknown

c) What position was the participant in for the test?

- ☐ Lying
☐ Sitting (head of bed above 45° or in wheelchair)
☐ Unknown

d) Date of last spirometry test:

/ /
 YYYY MM DD

Enter as much of the date as is known. If the tests have been performed over multiple days, enter the date of the last test.

Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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