



# CLINICAL INFORMATION

## Respiratory

### CHART ABSTRACTION

CI-Resp-MULT

Page 1 of 2

**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)

<b>CHART ABSTRACTION</b>	<b>CI-Resp-MULT</b> Page 2 of 2
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**b) If Yes, enter values from last spirometry test performed prior to discharge from facility.**

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

<b>Data Collection Details</b>				
<b>Collected by:</b> (please print name)		<b>Initial Here:</b>		<b>Date Abstraction Completed:</b> YYYY-MM-DD