

# Demographics

Subject ID

\_\_\_\_\_

Coordinator's initials

\_\_\_\_\_  
(aaa)

Visit Date

\_\_\_\_\_  
(mm/dd/yyyy)

## Demographics

Date of Birth

\_\_\_\_\_  
(mm/dd/yyyy)

Gender

- Male  
 Female

Marital Status

- Married  
 Divorced  
 Widowed  
 Separated  
 Never married  
 a member of an unmarried couple

## Physical Characteristics

Height, enter in centimeters

\_\_\_\_\_  
(cm with 1 decimal value nnn.n)

If standing height could not be measured, use arm span measurement for Height (question above) and check here:

- Used arm span measurement for Height

Weight, enter in kilograms

\_\_\_\_\_  
(kg with 1 decimal value nnn.n)

BMI (automatically calculated in REDCap)

\_\_\_\_\_

Waist, enter in centimeters

\_\_\_\_\_  
(cm with 1 decimal value nnn.n)

Arm span, enter in centimeters

\_\_\_\_\_ (cm with 1 decimal value nnn.n)

## Blood Pressure

**Note: If BP is greater than 170/100, then contact the physician investigator before you proceed.**

Systolic 1

\_\_\_\_\_ (nn or nnn)

Diastolic 1

\_\_\_\_\_ (nn or nnn)

Systolic 2

\_\_\_\_\_ (nn or nnn)

Diastolic 2

\_\_\_\_\_ (nn or nnn)

Systolic 3

\_\_\_\_\_ (nn or nnn)

Diastolic 3

\_\_\_\_\_ (nn or nnn)

## Oxygen Saturation and Therapy

1. Does subject use supplemental O2 therapy?

- Yes  
 No

*Answer the following if #1 is answered Yes:*

a. When does subject use supplemental O2? (Mark all that apply)

- At rest  
 During exercise  
 During sleep

b. How long have you used supplemental O2?

\_\_\_\_\_ (years (if less than 1 year, round up to 1 year))

c. On typical 24-hour day, how many hours do you use supplemental O2?

\_\_\_\_\_ (hours)

d. If you said "At rest" above, how much supplemental O2 are you using at rest?

\_\_\_\_\_ (L/min, one decimal place n.n)

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e. If you said "During exercise" above, how much supplemental O2 are you using during activity?

\_\_\_\_\_  
(L/min, one decimal place n.n)

Note: use of > 6 L/min oxygen flow with activity is a contraindication for the 6MW and Sit to Stand

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## 2. Resting SaO2 (%)

Per protocol, for subjects using supplemental oxygen, the oxygen needs to be withheld and subjects breathe room air for 10 minutes prior to recording oxygen saturation.

If the subject is not willing to stop oxygen to do this test, leave this measure blank and check the box below.

\_\_\_\_\_  
(% (max 100%))

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Subject was unwilling to stop supplemental oxygen.

Subject unwilling

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## 3. Heart rate

Note: If HR is less than 50 bpm or greater than 120 bpm, then contact the physician investigator before you proceed.

\_\_\_\_\_  
(bpm)