

Demographics

Coordinator's initials

(aaa)

Visit Date

(mm/dd/yyyy)

Demographics

Date of Birth

(mm/dd/yyyy)

What was your sex assigned at birth?

- Male
- Female
- Decline to answer

How would you describe your gender identity?

- Male
- Female
- Transgender man/Trans man
- Transgender woman/Trans woman
- Non-binary/Gender non-conforming
- Other (please specify) _____
- Decline to answer

Marital Status

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

Physical Characteristics

Weight, enter in kilograms

(kg with 1 decimal value nnn.n)

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 below) and check here:

- Used arm span measurement for Height

Arm span, enter in centimeters
(measure for all participants)

(cm with 1 decimal value nnn.n)

Note: The difference between arm span and height > 10%. Please recheck your values.

Waist, enter in centimeters

_____ (cm with 1 decimal value nnn.n)

BMI

Note: The above height and weight calculate to a BMI > 45. Did you enter weight in pounds instead of kilograms? (just checking)

Oxygen Use and Saturation

Resting SaO2 = [resting_sao2]

1. Do you use supplemental O2 therapy?

- Yes
 No

a. When do you use supplemental O2? (Mark all that apply)

- At rest
 During exercise
 During sleep

b. How many years 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. How much supplemental O2 are you using at rest?

_____ (L/min, one decimal place n.n)

e. 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. Contact the site PI and mark on the Safety Assessment form if 6MW and/or Sit-to-Stand are not to be done.