

Lab Physiology Form

Page 1 of 2

	Person ID . 0	0
Visit Date / / / / / / / / / / / / / / / / / / /	Name Code NAMECODE	
Demographic Information (from Recruitment)		
Sex: Female Male		
	☐ Hispanic ☐ Other:	
Date of Birth://	-10:Confusion	
Height: Labhtcm cm Weight: Labwtkg	-9: Missing -8:Not Applica -2: Not Sure	ble
extissue Excessive Tissue? O No (0) Tyes (1) devseptm Deviated Septum? No (0) Mild/Moderate (1) Marked Cheekbru Cheek Brushing/ Saliva Collection Do No (0) Tyes (1) If Yes: Location: Dosttx Post Treatment? O No (0) Tyes (1) If Yes: Duration (in the continuation of treatment? (Cheek Direction of treatment) of treatment? (Cheek Direction of treatment) of treatment of treatme	in months): Destination Barcode La	e
tytone UPPP	CPAP Use: cpapuse 1 Uses Regularly (>5 nights/week) (1) 2 Uses Often (3-5 nights/week) (2) 3 Uses Sometimes (1-2 nights/week) (3) 4 Uses Rarely (<1 night/week) (4) 5 Doesn't use at all (5) 6 Prescribed but not yet received (6))
If Female, Currently menstruating? O No (0) 1 Yes (1) labmenstr Date last period started: labmensm labmensd labmensy	n Lab Physio Tech: <mark>labtech</mark>	

-10:Confusion -9: Missing -8:Not Applicable -2: Not Sure

Page 2 of 2

phardone Pharyngometry Performed:	0 No (0)	1 Yes (1)	Technician: phartech	PTR
Pharyn (Supine) Performed:	0 No (0)	1 Yes (1)	Technician: pharsupinetech	PTS
rhindone Rhinometry Performed:	0 No (0)	1 Yes (1)	Technician: rhintech	RTR
rhnsdone Rhinometry (NS) Performed	: 0 No (0)	1 Yes (1)	Technician: rhnstech	RTR
spirdone Spirometry Performed:	0 No (0)	1 Yes (1)	Technician: spirtech	TREC
FVC sfvc	L FVC	sfvcp %		
_{FEV1} sfev1	L FEV ₁	sfev1p _ %		
FEF ₂₅₋ sfef2575	L PEF	spef L		
FEF ₂₅ sfef25	FEF ₅	o sfef50	FEF ₇₅ sfef75	
expsaw Expiration Saw:	0 No (0)	1 Yes (1)		

LAB_ENTRYRA
LAB_ENTRYDT
LAB_EDITRA
LAB_EDITDT
LAB_ENTRYNOTES