In Lab Physio

Lab Study Date: ____/____/_____ **Patient ID: _____**

Sex: 1) Male 2) Female
Race: 1) White 2) Black 3) Asian 4) Hispanic 5) Other: _____

Date of Birth: _____/_____/_____

hhtcm **Height: _____cm** **Weight: _____kg** whtkg

Head Measurements

backfrnt **Back-Front: _____** sideside **Side-Side: _____**

bizgotc **Bizygotic: _____** naisonc **Naison-Chin: _____**

Technician _____

Tonsilar Size: nutonsil

0) in fossa – no impingement
1) <25% tonsils airway obstruction
2) <50% >25% (tonsils 25% to 50% obstruction of airway)
3) >50% <75% (tonsils 50% to 75% obstruction of airway)
4) >75% (tonsils greater than 75% obstruction of airway)

extissue **Excessive Tissue?** 0) No _____ 1) Yes _____

devsept **Deviated Septum?**
0) No _____
1) Mild/Moderate _____
2) Marked _____

cheekbru **Cheek Brushing?** 0) No _____ 1) Yes _____

Cheek Brushing Location: _____

posttx **Post Treatment?** 0) No _____ 1) Yes _____

If Yes: Duration (in months): _____

typetx **If Yes, What type of treatment? Circle all that applies.**
1) UPPP
2) Tonsillectomy
3) CPAP → →
4) Surgery & CPAP
5) Oxygen
6) Other: _____

Treatment Use: txuse
1) Uses regularly (most or all nights)
2) Uses at least 50% of the days/week but not regularly.
3) Uses sometimes but not as much as number 2.
4) Doesn't use al all.
5) Doesn't have yet.

Do Not Data Enter (except overall index)
Conner's CPT: Start: _____ Half Way: _____ One Minute Warning: _____ Stop: _____

CPT: No _____ Yes _____ File Name : 5□□□□ **Technician: _____**
(4-digit personi)

Overall Index: _____ D Prime: _____ D Prime (T-scored): _____ SE Block Change: _____

oindex

Pharyngometry: **No ____ Yes ____ File Name:** PF □□□□_ _
(4-digit personi)

Technician: _____

Rhinometry: **No ____ Yes ____ File Name:** RF □□□□_ _
(4-digit personi)

Technician: _____

With Nasal Spray: No ____ Yes____ File Name: RF □□□□ns
(4-digit personi)

Technician: _____

Spirometry: **No ____ Yes ____ File Name:** F □□□□□□□
(3-digit familyi 4-digit personi)
Technician: _____

NO Analysis: **No ____ Yes ____ File Name:** F □□□□□□□
(3-digit familyi 4-digit personi)
Technician: _____

Ambient Air: _____

SPIROMETRY: No_____ Yes _____ TechID:_____ F __ __ __ __ __ __ __
(3-digit familyi 4-digit personi)

FVC _____ L FVC % _____

FEV_1 _____ L FEV_1 % _____

FEV_{25-75} _____ L PEF _____ L

FEF_{25} _____ L FEF_{50} _____ L FEF_{75} _____ L

Expiration Saw _____ 0) NO _____ 1) YES