Complete this form at the **second follow-up visit.**

Was the assessment completed? ☐ (ACF2:COMPLET) Yes ☐ (ACF2:COMPLET) No

If No, indicate the reason (check one):

☐ (ACF2:REASON) Subject was readmitted to the hospital
☐ (ACF2:REASON) Lost to follow-up
☐ (ACF2:REASON) Serious Adverse Event
☐ (ACF2:REASON) Other, specify ACF2:OTHSP
☐ (ACF2:REASON) Subject or parent/guardian decision

Date of Assessment: ACF2:ASSDA / ACF2:ASSMO / ACF2:ASSYR (DD / MMM / YYYY)

Time of Assessment: ACF2:ASSHR : ACF2:ASSMI (24-hour clock) (Hour : Min)

Element of Index	**Value**
1. Respiratory Rate	
A. Current Rate (breaths per minute):	ACF2:RESPRAT
2. Work of breathing	
A. Retractions	☐ (ACF2:RETRAC) Yes ☐ (ACF2:RETRAC) No
B. Nasal flaring	☐ (ACF2:NASAL) Yes ☐ (ACF2:NASAL) No
C. Use of accessory muscles	☐ (ACF2:MUSC) Yes ☐ (ACF2:MUSC) No
3. Pain	
A. Current thoracic pain scale[1]	ACF2:THORAC
B. Non-thoracic body pain	ACF2:OVERALL

Pain scale: ☐ (ACF2:SCALE) Oucher Scale ☐ (ACF2:SCALE) Numeric Rating Scale

Location of pain: (check all that apply)	☐ (ACF2:PAIN1)	Lower Back	☐ (ACF2:PAIN2)	Upper Extremities	☐ (ACF2:PAIN3)	Head & Neck	
	☐ (ACF2:PAIN4)	Abdomen	☐ (ACF2:PAIN5)	Lower Extremities			

4. SpO_2 (off oxygen = 1 minute)[1]

A. Current Value (%): (in room air) ACF2:SPO2VAL **or** ☐ (ACF2:SPO2ND) Not Done

5. Medical intervention

A. Supplemental O_2	☐ (ACF2:SUPO2)	Yes	☐ (ACF2:SUPO2)	No
B. Invasive or noninvasive ventilatory support	☐ (ACF2:VENTSUP)	Yes	☐ (ACF2:VENTSUP)	No

[1] Enter value of 10 point numeric rating scale or the Oucher.

Comments for page:

ACF2:COMMENT

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