

Oximetry

Date of Visit

(mm-dd-yyyy)

1. Is the signal IQ bar high?

- Yes
 No

If No, re-apply sensor

2. Is the Perfusion Index value above 0.3?

- Yes
 No

3. What was the manual pulse reading?

(beats/min)

4. Time testing started:

(hh:mm (24 hour clock))

5. Time testing ended:

(hh:mm (24 hour clock))

6. Mean Oximetry reading:

(%)

7. Did the participant sit at rest during the 5 minute collection?

- Yes
 No

If No, explain:

8. Was the quality of the oximetry satisfactory?

- Yes
 No

9. Was the oximetry repeated?

- Yes
 No

Date of test

(mm-dd-yyyy)

If No, re-apply sensor