**National Respiratory Audit Programme (NRAP)**

**Pulmonary rehabilitation (PR) secondary care audit – data collection sheet**

**Version 3.1 September 2023**

| **Generic data** |
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| **Item** | **Question** | **Response** |
| 1.1 | NHS | \_ \_ \_- \_ \_ \_- \_ \_ \_ \_ (10 digits)  |
| 1.2 | Date of birth | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |
| 1.3 | Gender **Can select one option only.** | ⃝ Male⃝ Female⃝ Transgender⃝ Other⃝ Not recorded/Preferred not to say  |
| 1.4 | Home postcode | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Enter ‘[NFA]’ for patients with no fixed abode.If OVERSEAS entered at question 2.1, home postcode is greyed out.Square brackets must be used where specified. |
| 1.5 | Ethnicity**Can select one option only.** | ⃝ White British⃝ White Irish⃝ Any other White background⃝ White and Black Caribbean⃝ White and Black African⃝ White and Asian⃝ Any other mixed background⃝ Indian⃝ Pakistani⃝ Bangladeshi⃝ Any other Asian background⃝ Caribbean⃝ African⃝ Any other Black background⃝ Chinese⃝ Any other ethnic group ⃝ Not known⃝ Not stated |
| 1.6 | Does this patient have a current mental illness or cognitive impairment recorded?**Can select one option only.** | ⃝ Yes⃝ No |
| 1.6a | If yes to question 1.6, select all mental health illness/cognitive impairment recorded.**Select all that apply.** | ⃝ Anxiety⃝ Depression⃝ Severe mental illness ⃝ Dementia/ mild cognitive impairment ⃝ Other |

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| **Programme referral** |
| **Item** | **Question** | **Response** |
| 2.1 | Date of receipt of referral | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) (Enter a date)  **OR** ⃝ Not known |
| 2.2 | Where was the patient referred from?**Can select one option only.****Select one option only** | ⃝ Primary/Community – stable COPD ⃝ Secondary Care – stable COPD ⃝ Primary/Community – post treatment for . AECOPD⃝ Secondary Care – post admission for AECOPD⃝ Self-referral  |
| 2.3 | Date of initial Pulmonary Rehabilitation (PR) assessment appointment | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |

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| **Key Clinical information at time of assessment** |
| **Item** | **Question** | **Response options** |
| 3.1 | FEV1 % predicted | \_ \_ \_ % (Enter a percentage between 10-125)  **OR** ⃝ Not recorded |
| 3.2 | FEV1/FVC ratio | \_ . \_ \_ (Enter a value between 0.20 and 0.95)  **OR**⃝ Not recorded |
| 3.3 | What was the patient reported MRC (Medical Research Council) score at assessment? **Can select one option only.** | ⃝ Grade 1⃝ Grade 2⃝ Grade 3⃝ Grade 4⃝ Grade 5⃝ Not recorded |

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| **Assessment tests and questionnaires** |
| **Item** | **Question** | **Response options** |
| 4.1 | Which walking test did you record during initial assessment?**Can select one option only.** | ⃝ Incremental shuttle walk test (ISWT)⃝ Six-minute walk test (6MWT)⃝ No walking test conducted⃝ No walking test conducted – assessment done remotely. |
| 4.1a | What was the value in metres? | \_ \_ \_ \_ metres (enter a value between 0-1020) |
| 4.1b | Was a practice walking test performed at the time of the initial assessment?**Can select one option only.** | ⃝ Yes⃝ No |
| 4.2 | Did you also record the Endurance shuttle walk test (ESWT)?**Can select one option only.** | ⃝ Yes⃝ No |
| 4.2a | If ‘Yes’, what was the value in seconds? |  \_ \_ \_ \_ seconds (enter a value between 0-1200) |
| **Please indicate any health status questionnaires completed at initial assessment**  |
| 4.3 | Chronic Respiratory Questionnaire (CRQ)**Can select one option only.** | ⃝ Yes⃝ No questionnaire conducted |
| *If ‘Yes’, enter value for each domain between 1.00 - 7.00* |
| 4.3a | *Dyspnoea score*  | \_ .\_ \_ |
| 4.3b | *Fatigue score* | \_ .\_ \_ |
| 4.3c | *Emotion score* | \_ .\_ \_ |
| 4.3d | *Mastery score* | \_. \_ \_ |
| 4.4 | COPD Assessment Test (CAT)**Can select one option only.** | ⃝ Yes⃝ No questionnaire conducted |
| 4.4a | If ‘Yes’, enter total value between 0 - 40 | \_ \_ |

| **Key information relating to the programme** |
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| **Item** | **Question** | **Response options** |
| 5.1 | Post assessment, was the patient enrolled onto a PR programme?**Can select one option only.** | ⃝ Yes⃝ No – Clinically unsuitable⃝ No – Patient choice |
| 5.1a | If 'Yes', enter start date | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |
| 5.2 | Was the patient enrolled on a centre-basedor home-basedPR programme?**Select all that apply.** | ⃝ Centre-based⃝ Home-based |
| 5.2a | If home-based, what was the method of delivery?**Select all that apply.** | ⃝ In person⃝ Video-conferencing ⃝ Phone calls ⃝ Other digital communication  |
| 5.3 | Total number of supervised PR sessions **scheduled.** | *\_ \_* |
| 5.4 | Total number of supervised PR sessions **received**  | 1. Group sessions = \_ \_
2. 1:1 sessions = \_ \_
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| **Key information at discharge**  |
| **Item** | **Question** | **Response options** |
| 6.1 | Was a discharge assessment performed?**Can select one option only.** | ⃝ Yes⃝ No – drop-out – health reasons⃝ No – drop-out – patient choice⃝ No – DNA |
| 6.1a | If ‘Yes’, what was the date of the discharge assessment? | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) |
| 6.1b | If ’Yes’, was an individualised written discharge exercise plan provided for the patient?**Can select one option only.** | ⃝ Yes⃝ No |

| **Discharge tests and questionnaires**  |
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| **Item** | **Question** | **Response options** |
| 7.1 | What was the patient reported MRC score at discharge? **Can select one option only.** | ⃝ Grade 1⃝ Grade 2⃝ Grade 3⃝ Grade 4⃝ Grade 5⃝ Not recorded |
| 7.2 | Which walking test did you record during discharge assessment?**Can select one option only.** | ⃝ Incremental shuttle walk test (ISWT)⃝ Six minute walk test (6MWT)⃝ Not walking test conducted ⃝ No walking test conducted - . assessment done remotely |
| 7.2a | What was the value in metres? | \_ \_ \_ \_metres (enter a value between 0-1020) |
| 7.3 | Did you also record the Endurance shuttle walk test (ESWT)?**Can select one option only.** | ⃝ Yes⃝ No |
| 7.3a | If ‘Yes’, what was the value in seconds? | \_ \_ \_ \_ seconds (enter a value between 0-1200) |
| **Please indicate any health status questionnaires completed at discharge assessment**  |
| 7.4 | Chronic Respiratory Questionnaire (CRQ)**Can select one option only.** | ⃝ Yes⃝ No questionnaire conducted  |
| If ‘Yes’, enter score for each domain between 1.00 – 7.00 |
| 7.4a | Dyspnoea score  | \_.\_ \_ |
| 7.4b | Fatigue score | \_.\_ \_ |
| 7.4c | Emotion score | \_.\_ \_ |
| 7.4d | Mastery score | \_.\_ \_ |
| 7.5 | COPD Assessment Test (CAT)**Can select one option only.** | ⃝ Yes⃝ No questionnaire conducted  |
| 7.5a | If ‘Yes’, enter total score between 1 - 40 | \_ \_ |