**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.** | ⃝ Male  ⃝ Female  ⃝ Transgender  ⃝ Other  ⃝ 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 British  ⃝ White Irish  ⃝ Any other White background  ⃝ White and Black Caribbean  ⃝ White and Black African  ⃝ White and Asian  ⃝ Any other mixed background  ⃝ Indian  ⃝ Pakistani  ⃝ Bangladeshi  ⃝ Any other Asian background  ⃝ Caribbean  ⃝ African  ⃝ Any other Black background  ⃝ Chinese  ⃝ Any other ethnic group  ⃝ Not known  ⃝ Not stated |
| 1.6 | Does this patient have a current mental illness or cognitive impairment recorded?  **Can select one option only.** | ⃝ Yes  ⃝ No |
| 1.6a | If yes to question 1.6, select all mental health illness/cognitive impairment recorded.  **Select all that apply.** | ⃝ Anxiety  ⃝ Depression  ⃝ 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 . AECOPD  ⃝ Secondary Care – post admission for AECOPD  ⃝ 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 1  ⃝ Grade 2  ⃝ Grade 3  ⃝ Grade 4  ⃝ Grade 5  ⃝ 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 conducted  ⃝ 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.** | ⃝ Yes  ⃝ No |
| 4.2 | Did you also record the Endurance shuttle walk test (ESWT)?  **Can select one option only.** | ⃝ Yes  ⃝ 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.** | ⃝ Yes  ⃝ 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.** | ⃝ Yes  ⃝ 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.** | ⃝ Yes  ⃝ No – Clinically unsuitable  ⃝ 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-based  ⃝ Home-based |
| 5.2a | If home-based, what was the method of delivery?  **Select all that apply.** | ⃝ In person  ⃝ 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.** | ⃝ Yes  ⃝ No – drop-out – health reasons  ⃝ No – drop-out – patient choice  ⃝ 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.** | ⃝ Yes  ⃝ 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 1  ⃝ Grade 2  ⃝ Grade 3  ⃝ Grade 4  ⃝ Grade 5  ⃝ 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.** | ⃝ Yes  ⃝ 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.** | ⃝ Yes  ⃝ 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.** | ⃝ Yes  ⃝ No questionnaire conducted |
| 7.5a | If ‘Yes’, enter total score between 1 - 40 | \_ \_ |