



National Asthma and COPD Audit Programme (NACAP)
Pulmonary rehabilitation clinical audit data collection sheet
 Version 2.0: May 2019

Generic/Patient data		
Item	Question	Response
1.1	NHS/CHI number	____-____-____ (10 digits) (For patients visiting from abroad please use 'OVERSEAS')
1.2	Date of birth	__/__/____ (dd/mm/yyyy)
1.3	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other <input type="radio"/> Not recorded/Preferred not to say
	Select one option only	
1.4	Home postcode	_____ (For patients visiting from abroad please use 'OVERSEAS')
1.5	Ethnicity	<input type="radio"/> White British <input type="radio"/> White Irish <input type="radio"/> Any other White background <input type="radio"/> White and Black Caribbean <input type="radio"/> White and Black African <input type="radio"/> White and Asian <input type="radio"/> Any other mixed background <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any other Asian background <input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Any other Black background <input type="radio"/> Chinese <input type="radio"/> Any other ethnic group <input type="radio"/> Not stated
	Select one option only	

Programme referral		
Item	Question	Response
2.1	Date of receipt of referral	__/__/____ (dd/mm/yyyy) (Enter a date) OR <input type="radio"/> Not known

2.2	Where was the patient referred from? Select one option only	<input type="radio"/> Primary/Community – stable COPD <input type="radio"/> Secondary Care – stable COPD <input type="radio"/> Primary/Community – post treatment for AECOPD <input type="radio"/> Secondary Care – post admission for AECOPD <input type="radio"/> Self-referral
2.3	Date of initial Pulmonary Rehabilitation (PR) assessment appointment	--/--/---- (dd/mm/yyyy)

Key Clinical information at time of assessment

Item	Question	Response options
3.1	Smoking status Select one option only	<input type="radio"/> Never smoked <input type="radio"/> Ex-smoker <input type="radio"/> Current smoker <input type="radio"/> Ex-smoker and current vaper <input type="radio"/> Never smoked and current vaper <input type="radio"/> Not recorded
3.2	FEV1 % predicted	___ % (Enter a percentage between 10-125) OR <input type="radio"/> Not recorded
3.3	FEV1/FVC ratio	_. ___ (Enter a value between 0.20 and 0.95) OR <input type="radio"/> Not recorded
3.4	Patient's body mass index (BMI)	___ . ___ (Enter a value between 12.0 and 42.0) OR <input type="radio"/> Not recorded
3.5	What was the patient reported MRC (Medical Research Council) score at assessment? Select one option only	<input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Not recorded

Presence of comorbidities

3.6	Was a history of cardiovascular disease recorded for this patient?	<input type="radio"/> Yes <input type="radio"/> No
3.7	Was a history of a lower limb musculoskeletal disorder recorded for this patient?	<input type="radio"/> Yes <input type="radio"/> No
3.8	Was a history of mental illness recorded for this patient?	<input type="radio"/> Yes <input type="radio"/> No
3.8a	<i>If 'Yes', select all mental health illnesses recorded</i> Can select multiple options	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Severe mental illness

Assessment tests and questionnaires

Item	Question	Response options
4.1	Which walking test did you record during initial assessment? Select one option only	<input type="radio"/> Incremental shuttle walk test (ISWT) <input type="radio"/> Six-minute walk test (6MWT) <input type="radio"/> No walking test conducted
4.1a	<i>If walking test conducted, what was the value in metres?</i>	----- metres (enter a value between 0-1020)

4.1b	If walking test conducted, was a practice walking test performed at the time of the initial assessment?	<input type="radio"/> Yes <input type="radio"/> No
4.2	Did you also record the Endurance shuttle walk test (ESWT)?	<input type="radio"/> Yes <input type="radio"/> 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)	<input type="radio"/> Yes <input type="radio"/> No
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)	<input type="radio"/> Yes <input type="radio"/> No
4.4a	If 'Yes', enter total value between 0 - 40	__

Key information relating to the programme		
Item	Question	Response options
5.1	Post assessment, was the patient enrolled onto a PR programme?	<input type="radio"/> Yes <input type="radio"/> No – Clinically unsuitable <input type="radio"/> No – Patient choice
5.1a	If 'Yes', enter start date	__/__/____ (dd/mm/yyyy)
5.2	Was the patient enrolled on a <u>centre-based</u> PR programme?	<input type="radio"/> Yes <input type="radio"/> No
5.2a	If 'Yes', select type of <u>centre-based</u> programme Select one option only	<input type="radio"/> Cohort <input type="radio"/> Rolling
5.2b	If 'Yes', total number of supervised <u>centre-based</u> PR sessions scheduled	__
5.2c	If 'Yes', number of supervised <u>centre-based</u> PR sessions received	
	Group sessions	__
	1:1 sessions	__
5.3	Was the patient enrolled on a <u>home-based</u> programme?	<input type="radio"/> Yes <input type="radio"/> No
5.3a	If 'Yes', total number of <u>home-based</u> PR sessions scheduled	__
5.3b	If 'Yes', number of <u>home-based</u> PR sessions received	
	In person	__
	Video conferencing - group sessions	__
	Video conferencing - 1:1	__

	Phone calls	--
	Other digital communications	--

Discharge		
Item	Question	Response options
6.1	Was a discharge assessment performed? Select one option only	<input type="radio"/> Yes <input type="radio"/> No - drop-out - health reasons <input type="radio"/> No - drop-out - patient choice <input type="radio"/> No - DNA
6.1a	<i>If 'Yes', what was the date of the discharge assessment?</i>	--/--/---- (dd/mm/yyyy)
6.1b	<i>If 'Yes', was an individualised written discharge exercise plan provided for the patient?</i>	<input type="radio"/> Yes <input type="radio"/> No

Discharge tests and questionnaires		
Item	Question	Response options
7.1	What was the patient reported MRC score at discharge? Select one option only	<input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Not recorded
7.2	Which walking test did you record during discharge assessment? Select one option only	<input type="radio"/> Incremental shuttle walk test (ISWT) <input type="radio"/> Six minute walk test (6MWT) <input type="radio"/> Not walking test conducted
7.2a	<i>If walking test conducted, what was the value in metres?</i>	---- metres (enter a value between 0-1020)
7.3	Did you also record the Endurance shuttle walk test (ESWT)?	<input type="radio"/> Yes <input type="radio"/> No
7.3a	<i>If 'Yes', what was the value in seconds?</i>	---- seconds (enter a value between 0-1200)

Please indicate any health status questionnaires completed at discharge assessment		
7.4	Chronic Respiratory Questionnaire (CRQ)	<input type="radio"/> Yes <input type="radio"/> No
<i>If 'Yes', enter score for each domain between 1.00 – 7.00</i>		
7.4a	Dyspnoea score	--.---
7.4b	Fatigue score	--.---
7.4c	Emotion score	--.---
7.4d	Mastery score	--.---
7.5	COPD Assessment Test (CAT)	<input type="radio"/> Yes <input type="radio"/> No
7.5a	<i>If 'Yes', enter total score between 1 - 40</i>	--