National Respiratory Audit Programme (NRAP)

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

**Version 5: April 2025**

| **Generic data** | | |
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| **Item** | **Question** | **Response** |
| 1.1 | NHS number | \_ \_ \_- \_ \_ \_- \_ \_ \_ \_  NHS number should contain exactly 10 digits. It may be formatted as 000 000 0000 (spaces) or 000-000-0000 (dashes)  Use ‘[NONNHS]’ for patients who reside in the UK but do not have an NHS number. Square brackets must be used where specified |
| 1.2 | Date of birth | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy)  Date required.  The web tool only allows patients that are:   * aged 18 years and over * aged under 115 years old   at the date of assessment.  Cannot be a future date. |
| 1.3 | Gender identity  **Can select one option only.** | ⃝ Male (including trans man)  ⃝ Female (including trans woman)  ⃝ Non-binary  ⃝ Not known (not recorded /asked)  ⃝ Not stated (person asked but declined to provide a response) |
| 1.3a | Is the patient’s gender identity the same as at birth indicator? | ⃝ Yes, the person’s identity is the same as their gender assigned at birth  ⃝ No, the person’s identity is not the same as their gender assigned at birth  ⃝ Not known (not recorded / asked)  ⃝ Not stated (person asked but declined to provide a response) |
| 1.4 | Home postcode | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Enter ‘[NFA]’ for patients with no fixed abode.  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 recorded / asked)  ⃝ Not stated (person asked but declined to provide a response) |
| 1.6 | Does this patient have a current mental illness or cognitive impairment recorded?  **Select all answers that apply, OR 'Not recorded'.**  **Please answer this question based on the information recorded in the patient notes** | ⃝ None  ⃝ Anxiety  ⃝ Depression  ⃝ Severe mental illness  ⃝ Dementia/ mild cognitive impairment  ⃝ Other  ⃝ Not recorded |
| 1.7 | What is the patient’s **primary** respiratory condition? | ⃝ COPD  ⃝ Asthma  ⃝ Bronchiectasis  ⃝ Interstitial lung disease  ⃝ Long COVID  ⃝ Pre/post thoracic surgery (including lung cancer / LVR lung transplant)  ⃝ Pulmonary hypertension  ⃝ Chronic heart failure  ⃝ Other chronic respiratory disease |
| 1.7a | If ‘other chronic respiratory disease’ selected in Q.1.7, please enter the disease. | -----  Free text box  Maximum 30 characters |
| 1.7b | Does the patient have any of the following other conditions?  **Select all that apply, OR choose ‘none’ OR ‘Not recorded’**  **Cannot select same condition as Q.1.7** | ⃝ None  ⃝ COPD  ⃝ Asthma  ⃝ Bronchiectasis  ⃝ Interstitial lung disease  ⃝ Long COVID  ⃝ Pre/post thoracic surgery (including lung cancer / LVR lung transplant  ⃝ Pulmonary hypertension  ⃝ Chronic heart failure  ⃝ Other chronic respiratory disease  ⃝ Not recorded |
| 1.7c | If ‘other chronic respiratory disease’ selected in Q1.7b, please enter the disease. | -----  Free text box  Maximum 30 characters |

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| **Programme referral** | | |
| **Item** | **Question** | **Response** |
| 2.1 | Date of receipt of referral | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) (Enter a date)  **OR** select  ⃝ Not known |
| 2.2a | Where was the patient referred from?  **Can select one option only.**  **Select one option only** | ⃝ Primary / community care  ⃝ Secondary care  ⃝ Self-referral |
| 2.2b | If COPD is the patient’s primary respiratory condition, at the time of referral was the patient stable or post-acute exacerbation of COPD?  **Question to appear only if ‘COPD’ is selected for 1.7** | ⃝ Stable  ⃝ Post-acute exacerbation |
| 2.2c | If patient was referred from primary / community care post treatment for AECOPD in hospital, what date was the patient discharged from hospital following their admission for AECOPD?  **Question to appear only if ‘Primary / community care’ selected for 2.2a AND ‘Post-acute exacerbation’ selected for 2.2b.** | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy) (Enter a date)  **OR** select  ⃝ Not known  ⃝ Patient not admitted to hospital |
| 2.3 | Date of initial Pulmonary Rehabilitation (PR) assessment appointment  **Enter the first date the patient was assessed with the view of enrolling them onto a PR programme.** | \_ \_/\_ \_/\_ \_ \_ \_ (dd/mm/yyyy)   * Cannot be before date in 2.1, if date is entered. * Cannot be in the future. * Cannot be before 01/03/19 |

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| **Key Clinical information at time of assessment** | | |
| **Item** | **Question** | **Response options** |
| 3.1 | What was the patient reported MRC (Medical Research Council) score at assessment?  **Give the score as reported by the patient at assessment or select ‘Not assessed’.**  **Can select one option only.** | ⃝ Grade 1  ⃝ Grade 2  ⃝ Grade 3  ⃝ Grade 4  ⃝ Grade 5  ⃝ Not assessed |

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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 recorded for the first walking test? | \_ \_ \_ \_ metres (enter a value between 0-1020) |
| 4.1b | What was the value in metres recorded for the second walking test? | \_ \_ \_ \_ metres (enter a value between 0-1020)  ⃝ A second walking test was not conducted |
| 4.2 | Did you also record the Endurance shuttle walk test (ESWT)?  **Can select one option only.** | ⃝ Yes  ⃝ No |
| 4.2a | If ‘Yes’ to 4.2, what was the value in seconds? | \_ \_ \_ \_ seconds (enter a value between 0-1200) |
| **Please indicate any health status questionnaires completed at initial assessment and provide values if recorded. Selection of disease specific health questionnaire to be decided by clinical team if appropriate for the patient** | | |
| 4.3 | Chronic Respiratory Questionnaire (CRQ)  **Select 'No' if no questionnaire was conducted. If ‘Yes’ selected, enter a value between 1 and 7 for each of the following scores:** | ⃝ Yes  ⃝ No questionnaire conducted |
| 4.3a | *Dyspnoea score* | -.-- |
| 4.3b | *Fatigue score* | -.-- |
| 4.3c | *Emotion score* | -.-- |
| 4.3d | *Mastery score* | -.-- |
| 4.4 | COPD Assessment Test (CAT / CAAT)  **Select 'No' if no CAT / CAAT was conducted.** | ⃝ Yes  ⃝ No CAT/CAAT conducted |
| 4.4a | If ‘Yes’, enter total value between 0 - 40 | \_ \_ single score |
| 4.5 | EQ5D (EuroQol-5 Dimension  **Select 'No' if no questionnaire was conducted.** | ⃝ Yes  ⃝ No EQ5D conducted |
| 4.5a | If ‘Yes’ selected, please complete the EQ5D elements a-e  For Thermometer value (f), please enter value between 0-100, where 100 means the best health and 0 means the worst possible health imaginable. | 1. Mobility 2. Self-care 3. Usual activities 4. Pain/ discomfort 5. Anxiety/ depression 6. Thermometer value - - - |
| 4.6 | Was an objective measure of lower limb muscle strength recorded at initial assessment? | ⃝ Yes  ⃝ No |

| **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 provision?  **Select all that apply.** | ⃝ In person  ⃝ Video calls  ⃝ Phone calls  ⃝ App (mobile or other)  ⃝ Written communication (eg email) with health professional  ⃝ Self-guided written material (eg printed material / website) |
| 5.2b | If an app (mobile or other) was used to support PR, please confirm the app used | ⃝ myCOPD  ⃝ SPACE  ⃝ Other  If other selected, please specify  Free text box - maximum 30 characters |
| 5.3 | Total number of supervised PR sessions **scheduled.** | *\_ \_*  Numeric options:   * Must be whole numbers only * Options must be between 0 – 50 |
| 5.4 | Total number of supervised PR sessions **received**  \*The evidence base is that programmes should last for a minimum of 6 weeks, not including assessments, supervised, and delivered twice weekly. | 1. Group sessions = \_ \_ 2. 1:1 sessions = \_ \_   Numeric options:   * Must be whole numbers only * Options must be between 0 – 50 |

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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  ⃝ No – patient died during a PR session or as a consequence of participating in PR  ⃝ No – patient died for any other reason |
| 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?  **Give the score as reported by the patient at assessment or select ‘Not recorded’.**  **Can select one option only.** | ⃝ Grade 1  ⃝ Grade 2  ⃝ Grade 3  ⃝ Grade 4  ⃝ Grade 5  ⃝ Not assessed |
| 7.2 | Which walking test did you record during discharge assessment?  **You can only answer this question if an initial walking test (4.1) and discharge assessment was performed, and you can only choose the same test as recorded in 4.1.**  **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 only select ‘yes’ if ‘yes’ recorded in 4.2.**  **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. Selection of disease specific health questionnaire to be decided by clinical team if appropriate for the patient** | | |
| 7.4 | Chronic Respiratory Questionnaire (CRQ)  **This section can only be completed if an initial CRQ questionnaire was completed (q4.3).**  **Can select one option only.**  **If ‘Yes’ selected, enter score for each domain between 1 – 7** | ⃝ Yes  ⃝ No questionnaire conducted |
| 7.4a | Dyspnoea score | \_.\_ \_ |
| 7.4b | Fatigue score | \_.\_ \_ |
| 7.4c | Emotion score | \_.\_ \_ |
| 7.4d | Mastery score | \_.\_ \_ |
| 7.5 | COPD Assessment Test (CAT/CAAT)  **This section can only be completed if an initial CAT/CAAT score was completed (q4.4).**  **Can select one option only.** | ⃝ Yes  ⃝ No CAT/CAAT conducted |
| 7.5a | If ‘Yes’, enter value between 1 - 40 | \_ \_ |
| 7.6 | EQ5D (EuroQol- 5 Dimension)  **This section can only be completed if an initial EQ5D questionnaire was completed (q4.5).**  **Can select one option only.** | ⃝ Yes  ⃝ No questionnaire conducted |
| 7.6a | If ‘yes’ selected, please complete the EQ5D elements a-e  For Thermometer value (f), please enter a value between 0 and 100, where 100 means the best health and 0 means the worst possible health imaginable. | * 1. Mobility   2. Self-care   3. Usual activities   4. Pain/ discomfort   5. Anxiety/ depression   6. Thermometer value - - - |
| 7.7 | Was an objective measure of lower limb muscle strength recorded at discharge assessment?  **This section can only be completed if an initial objective measure of lower limb muscle strength was recorded (q4.6).** | ⃝ Yes  ⃝ No |