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-binary⃝ 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 birth⃝ No, the person’s identity is not the same as their gender assigned at birth⃝ 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 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 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** | ⃝ None⃝ Anxiety⃝ Depression⃝ Severe mental illness ⃝ Dementia/ mild cognitive impairment ⃝ Other⃝ Not recorded |
| 1.7 | What is the patient’s **primary** respiratory condition? | ⃝ COPD ⃝ Asthma⃝ Bronchiectasis⃝ Interstitial lung disease ⃝ Long COVID⃝ Pre/post thoracic surgery (including lung cancer / LVR lung transplant)⃝ Pulmonary hypertension⃝ Chronic heart failure⃝ Other chronic respiratory disease |
| 1.7a | If ‘other chronic respiratory disease’ selected in Q.1.7, please enter the disease. | ----- Free text boxMaximum 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**  | ⃝ None⃝ COPD ⃝ Asthma⃝ Bronchiectasis⃝ Interstitial lung disease ⃝ Long COVID⃝ Pre/post thoracic surgery (including lung cancer / LVR lung transplant⃝ Pulmonary hypertension⃝ Chronic heart failure⃝ Other chronic respiratory disease⃝ Not recorded |
| 1.7c | If ‘other chronic respiratory disease’ selected in Q1.7b, please enter the disease. | ----- Free text boxMaximum 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** select⃝ 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** select⃝ Not known⃝ 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 1⃝ Grade 2⃝ Grade 3⃝ Grade 4⃝ Grade 5⃝ 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 conducted⃝ 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.** | ⃝ Yes⃝ 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:** | ⃝ Yes⃝ 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.** | ⃝ Yes⃝ 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.** | ⃝ Yes⃝ No EQ5D conducted |
| 4.5a | If ‘Yes’ selected, please complete the EQ5D elements a-eFor 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 - - -
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| 4.6 | Was an objective measure of lower limb muscle strength recorded at initial assessment? | ⃝ Yes⃝ 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.** | ⃝ 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 provision?**Select all that apply.** | ⃝ In person⃝ Video calls ⃝ Phone calls⃝ App (mobile or other)⃝ Written communication (eg email) with health professional⃝ 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 | ⃝ myCOPD⃝ SPACE⃝ OtherIf other selected, please specifyFree 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
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| 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.** | ⃝ Yes⃝ No – drop-out – health reasons⃝ No – drop-out – patient choice⃝ No – DNA⃝ No – patient died during a PR session or as a consequence of participating in PR⃝ 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.** | ⃝ 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? **Give the score as reported by the patient at assessment or select ‘Not recorded’.** **Can select one option only.** | ⃝ Grade 1⃝ Grade 2⃝ Grade 3⃝ Grade 4⃝ Grade 5⃝ 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.** | ⃝ 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. 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** | ⃝ Yes⃝ 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.** | ⃝ Yes⃝ 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.** | ⃝ Yes⃝ No questionnaire conducted  |
| 7.6a | If ‘yes’ selected, please complete the EQ5D elements a-eFor 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).** | ⃝ Yes⃝ No  |