SECTION 1. GENERAL INFORMATION ----------------- **Please note that patient consent must be obtained** --

1.1*	*NHS number (10 digits):*	**1.2***	*Date of Birth (DD/MM/YYYY):*
1.3*	*Gender:* Male Female	**1.4***	*Home Postcode:*

1.5* *Ethnicity:*

- □ Caribbean
- □ White British
- □ White Irish
- □ Any other White background
- □ African
- □ White and Black Caribbean
- □ White and Black African
- □ Any other Black background
- □ Indian
- □ Pakistani
- □ Bangladeshi
- □ White and Asian
- □ Any other Asian background
- □ Chinese
- □ Any other ethnic group
- □ Any other mixed background
- □ Not stated

1.6* *Date of referral to PR (DD/MM/YYYY):*

1.7 *Date of receipt of referral (DD/MM/YYYY):*   □ Tick here if not known

1.8* *Date of assessment appointment (DD/MM/YYYY):*

1.9* *Where was the patient referred from?* □ Hospital Consultant (or member of clinical team) □ Hospital Specialist COPD team
□ Specified post-AECOPD early PR pathway □ Community Services □ GP/practice team □ Other (specify)

1.10* *Was the patient enrolled on your PR Programme:*   □ Yes   □ No

1.11* *Date of enrolment to PR Programme if enrolled (DD/MM/YYYY):*

1.12* *If assessed but not enrolled what was the reason? (tick all that apply)*

- □ PR not clinically appropriate
- □ PR arranged elsewhere
- □ Did not wish to attend / did not feel PR would be of benefit
- □ Died
- □ Hospitalised
- □ COPD exacerbation
- □ Co-morbidities
- □ Psycho-social problems
- □ Problems with transport
- □ Exercises at home
- □ Other commitments
- □ Not known
- □ Other (specify):

1.13* *If enrolled, what type of programme was the patient enrolled on?* □ Rolling □ Cohort □ Other

1.14* *Has the patient attended a PR programme previously?*
□ Yes – completed   □ Yes – not completed   □ Yes – completion unknown   □ No   □ Not known

SECTION 2. KEY CLINICAL INFORMATION AT TIME OF ASSESSMENT

2.1* *Smoking Status:* □ Current smoker □ Ex-smoker □ Never smoked □ Not recorded

2.2* *Does the patient have any other significant medical conditions? (tick all that apply)*

- □ No other medical conditions
- □ Alcohol-related condition
- □ Atrial fibrillation
- □ Cor pulmonale
- □ Dementia / confusion
- □ Diabetes
- □ Gastro-intestinal condition
- □ Hearing impairment
- □ Hypertension
- □ Ischaemic heart disease
- □ Kidney disease
- □ Learning disability
- □ Left heart failure (LVF)
- □ Locomotor problems
- □ Lung cancer
- □ Mental health disorder
- □ Neurological condition
- □ Osteoporosis
- □ Stroke
- □ Thromboembolic disease (PE, DVT)
- □ Visual impairment
- □ Other cardiovascular disease
- □ Other endocrine disorder
- □ Other malignant disease
- □ Other respiratory disease
- □ Other

2.3 *How many times has the patient been hospitalised for AECOPD in the past 12 months:*   □ Tick here if not known

2.4* *Was the patient receiving oxygen therapy at home at the time of assessment? (tick all that apply)* □ Yes – type not known
□ Yes – long term home oxygen   □ Yes – ambulatory oxygen   □ Yes – short burst /palliative use   □ No   □ Not known

2.5 * *Was the patient receiving non-invasive ventilation (NIV) at home at the time of assessment?* □ Yes □ No □ Not known

2.6* *What are the patient's living arrangements?* □ House/flat alone □ Residential placement □ Not recorded
□ Community hospital/rehab ward or equivalent □ House/flat with another person □ Sheltered accommodation □ Other

2.7* *Was transport arranged for the patient by your programme/health service to enable the patient to attend?* □ Yes □ No □ Not Known	**2.8** *What was the most recent value available for the following:* FEV1: ....litres □ Tick here if not known FEV1% predicted: ....% □ Tick here if not known Patient's height: ....metres □ Tick here if not known Patient's weight: ....Kg □ Tick here if not known Patient's BMI: .... □ Tick here if not known

2.9 *What was the patient's oxygen saturation at rest:* ....%   □ Tick here if not known:

2.10* *Was the patient breathing supplemental oxygen when the saturation was recorded?* □ Yes □ No □ Not known

2.11 *If yes, what was the recorded flow rate:* ....(L/min)   □ Tick here if not known

2.12* *What was the patient-reported MRC dyspnoea score at assessment:*
□ Grade 1   □ Grade 2   □ Grade 3   □ Grade 4   □ Grade 5   □ Not known/not recorded

2.13*	*Was exercise performance assessed at the initial assessment?* □ Yes □ No *If yes, please provide values for all that apply:* Incremental Shuttle Walk Test (ISWT): ……………metres Cycle or treadmill ergometry: …………………peak VO_2 Endurance Shuttle Walk Test (ESWT): ……………seconds Cycle or treadmill endurance test: ……………seconds Six minute Walk Test (6MWT): ………………………metres: 4 metre gait speed test: ………………………seconds Other test (specify):
2.14*	*Was a practice test performed at the initial assessment?* □ Yes □ No □ Not known
2.15*	*Was muscle strength measured at the initial assessment?* □ Yes □ No □ Not known
2.16*	*Were any health status questionnaires completed?* □ Yes □ No *If yes, please provide values for all that apply:* St George's Respiratory Chronic Respiratory Questionnaire COPD Assessment Test Questionnaire Dyspnoea average score (1.0-7.0): Total score (0-40): Symptoms score (1-100): Fatigue average score (1.0-7.0): Activity score (1-100): Emotion average score (1.0-7.0): Impacts score (1-100): Mastery average score (1.0-7.0): Total score (1-100):
2.17*	*Were any of the following outcomes recorded as part of the programme (tick all that apply):* □ Activities of daily living □ Patient knowledge □ Physical activity questionnaire □ Not known □ Measure of patient experience □ Physical activity monitor □ Psychological status □ None

SECTION 3. KEY CLINICAL INFORMATION RELATING TO THE PROGRAMME (only complete if answering Yes to question 1.10)

3.1*	*Total number of supervised PR sessions attended:*
3.2*	*Total number of supervised PR sessions scheduled:*
3.3*	*Date of last supervised PR session (DD/MM/YYYY):*
3.4*	*Which modes of exercise were performed by the patient during the programme? (tick all that apply)* □ Walking aerobic training □ Interval training □ Neuromuscular electrical stimulation (NMES) □ Other (specify): □ Cycle aerobic training □ Resistance training □ Upper limb (aerobic or resistance)
3.5*	*Did the patient receive supplemental oxygen during exercise?* □ Yes □ No □ Not known

SECTION 4. KEY CLINICAL INFORMATION AT DISCHARGE

4.1*	*Was a discharge assessment arranged and attended?* □ Arranged and attended □ Arranged but not attended □ Not arranged □ Not known
4.2*	*Date of discharge assessment, if performed (DD/MM/YYYY):*
4.3*	*Did the patient complete the programme:* □ Yes □ No
4.4*	*If not, what was the reason? (tick all that apply):* □ PR arranged elsewhere □ Problems with transport □ Still enrolled as at 10 July 2015 □ Died □ Exercises at home □ Attended programme but did not attend □ Hospitalised □ Other commitments discharge or follow-up appointment □ COPD exacerbation □ Not known □ Did not wish to attend / □ Co-morbidities □ Other (specify): did not feel PR was of benefit □ Psycho-social problems
4.5*	*Was a written discharge exercise plan provided for the patient?* □ Yes □ No □ Not known
4.6*	*What was the patient-reported MRC dyspnoea score at discharge?* □ Grade 1 □ Grade 2 □ Grade 3 □ Grade 4 □ Grade 5 □ Not known/not recorded
4.7*	*Was exercise performance assessed at discharge?* □ Yes □ No *If yes, please provide values for all that apply:* *Incremental Shuttle Walk Test (ISWT): ……………metres* *Cycle or treadmill ergometry: …………………….peak VO_2* *Endurance Shuttle Walk Test (ESWT): ……………seconds* *Cycle or treadmill endurance test: ……………seconds* *Six minute Walk Test (6MWT): ………………………metres:* *4 metre gait speed test: …………………………seconds* *Other test (specify):*
4.8*	*Was muscle strength measured at discharge assessment?* □ Yes □ No □ Not known
4.9*	*Were any health status questionnaires completed at discharge?* □ Yes □ No *If yes, please provide values for all that apply:* St George's Respiratory Questionnaire Chronic Respiratory Questionnaire COPD Assessment Test Symptoms score (1-100): Dyspnoea average score (1.0-7.0): Total score (0-40): Activity score (1-100): Fatigue average score (1.0-7.0): Impacts score (1-100): Emotion average score (1.0-7.0): Total score (1-100): Mastery average score (1.0-7.0):