

A RANDOMISED 2x2 TRIAL OF COMMUNITY VERSUS HOSPITAL REHABILITATION, FOLLOWED BY TELEPHONE OR CONVENTIONAL FOLLOW UP; IMPACT ON QUALITY OF LIFE, EXERCISE CAPACITY AND USE OF HEALTHCARE RESOURCES

# CoHoRT Study

## Case Report Form

Patient ID

Date of Questionnaire

Pre Rehab

Also need MRC Breathlessness (blue), SF36 (lemon), EQ5D (green), CRQ(cream), Resource Use and Socioeconomic (pink)

## Check Data

Subject initials

Date of Birth

//

Hosp no

North/South

Delete one

ID number from database

## Inclusion criteria

Diagnosis of COPD	Yes/no
MRC grade 3 dyspnoea	Yes/no
Informed consent	Yes/no
Access to telephone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes/no
Willing/motivated to make lifestyle changes	Yes/no
Can hear and understand	Yes/no
Prognosis not under 2 years from any disease	Yes/no
No requirement for oxygen therapy	Yes/no
Stable or controlled cardiac disease	Yes/no
No musculoskeletal problems precluding exercise	Yes/no

(OR ATTACH CLINIC PROFORMA)

## Patients GP

Has the subject had any exacerbations requiring a change in usual respiratory treatment in the last 4 weeks **Yes/no**

If yes outcome is to return to waiting list on database

## Bronchodilator

Give 2 puffs Salbutamol and/or 2 puffs Atrovent Forte

via Volumatic (10 tidal breath technique) time

: 

## Incremental Shuttle test

Level walked

Distance walked in metres

Estimated VO2 max in ml/min/Kg

[ $4.19 + (0.025 * \text{distance walked})$ ]

85% of VO2 max for endurance walk in ml/min/Kg

[Estimated VO2 max\*0.85]

Endurance shuttle level calculated

Starting SpO2	
Lowest SpO2	
Starting Heart Rate	
Highest Heart Rate	

# Worksheet for Incremental Walk

(Strike through each 10 m length performed)

- 1      2      3
- 4      5      6      7
- 8      9      10      11      12
- 13      14      15      16      17      18
- 19      20      21      22      23      24      25
- 26      27      28      29      30      31      32      33
- 34      35      36      37      38      39      40      41      42
- 43      44      45      46      47      48      49      50      51      52

## Height and weight

Height in metres

.

Weight in Kg

.

## Mid upper arm muscle circumference

Distance to mid point in mm

Mid upper arm circumference in mm

Triceps skin fold thickness in mm

.

Calculated mid upper arm muscle circumference (*calculated by database*)

## First Questionnaires

Give subject SF36 to complete

when completed

Give Resource use questionnaire to complete

when completed

Give MRC Breathlessness to complete

when completed

## Spirometry

Perform spirometry at least 30 mins post bronchodilator

Circle bronchodilator/s

Atrovent

Salbutamol

Time of starting spirometry

:

Relaxed Vital Capacity		
FEV <sub>1</sub>		
FVC		
PEF		

## Current Medication

medication	route	number	frequency

## Second questionnaires

Interviewer filled CRQ

when completed

Self fill Eq5D

when completed

## Endurance walk

Level set

Distance walked in metres

How long was the walk in minutes

m

Was the walk stopped because level too low Yes/No

If so increase by 2 levels and recommence

Starting SpO2	
Lowest SpO2	
Starting Heart Rate	
Highest Heart Rate	

## Worksheet for Endurance Walk

(Strike through each 10 m length performed)

1    2    3    4    5    6    7    8    9    10  
11   12   13   14   15   16   17   18   19   20  
21   22   23   24   25   26   27   28   29   30  
31   32   33   34   35   36   37   38   39   40  
41   42   43   44   45   46   47   48   49   50  
51   52   53   54   55   56   57   58   59   60  
61   62   63   64   65   66   67   68   69   70  
71   72   73   74   75   76   77   78   79   80  
81   82   83   84   85   86   87   88   89   90  
91   92   93   94   95   96   97   98   99   100

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# CoHoRT Study

## EQ-5D

Patient ID

Date of Questionnaire

✓ for timepoint	
	Pre Rehab
	Post Rehab
	Rehab plus 6 months
	Rehab plus 12 months
	Rehab plus 18 months
	Withdrawal from study



# EUROQOL<sup>®</sup> HEALTH QUESTIONNAIRE

Here are some simple questions about your health in general. By ticking one answer in each group below, please indicate which statements best describe your own health state TODAY.

(Please circle one number)

- 1. Mobility**

I have no problems in walking about	1
I have some problems in walking about	2
I am confined to bed	3
  
- 2. Self-care**

I have no problems with self-care	1
I have some problems washing or dressing myself	2
I am unable to wash or dress myself	3
  
- 3. Usual Activities**

I have no problems with performing my usual activities <i>(e.g. work, study, housework, family or leisure activities)</i>	1
I have some problems with performing my usual activities	2
I am unable to perform my usual activities	3
  
- 4. Pain/Discomfort**

I have no pain or discomfort	1
I have moderate pain or discomfort	2
I have extreme pain or discomfort	3
  
- 5. Anxiety/Depression**

I am not anxious or depressed	1
I am moderately anxious or depressed	2
I am extremely anxious or depressed	3

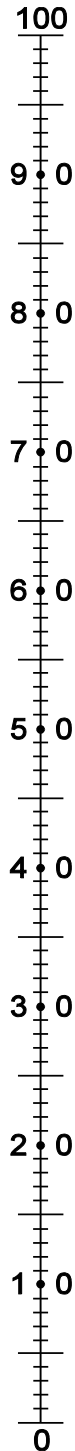
**Please turn the page and continue**

6. To help people say how good or bad their health is, we have drawn a scale (rather like a thermometer) on which the **best state** you can imagine is marked by **100** and the **worst state** you can imagine is marked by **0**.

We would like you to indicate on this scale how good or bad **your own health is today**, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad **your current health state** is.

**Your own  
health state  
today**

**Best imaginable  
health state**



**Worst imaginable  
health state**

**THANK YOU FOR FILLING IN THIS QUESTIONNAIRE.**

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# **CoHoRT Study**

## **SF-36 v2**

Patient ID

Date of Questionnaire

✓ for timepoint	
	Pre Rehab
	Post Rehab
	Rehab plus 6 months
	Rehab plus 12 months
	Rehab plus 18 months
	Withdrawal from study

# HEALTH STATUS QUESTIONNAIRE

The following questions ask you about your health, how you feel and how well you are able to do your usual activities.

If you are unsure how to answer a question, please give the best answer you can.

## OVERALL HEALTH

1. In general, would you say your health is:

*(Please circle one number only)*

- Excellent ..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor ..... 5

2. Compared to one year ago, how would you rate your health in general now?

*(Please circle one number only)*

- Much better now than one year ago ..... 1
- Somewhat better now than one year ago..... 2
- About the same as one year ago..... 3
- Somewhat worse now than one year ago..... 4
- Much worse now than one year ago ..... 5

Please turn the page and continue

## HEALTH AND DAILY ACTIVITIES

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

*(Please circle one number on each line)*

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Feeding yourself	1	2	3
b. Getting up from a chair	1	2	3
c. Bathing or dressing yourself	1	2	3
d. Walking in your home	1	2	3
e. Walking 100 yards	1	2	3
f. Walking half a mile	1	2	3
g. Walking more than a mile	1	2	3
h. Bending, kneeling or stooping	1	2	3
i. Climbing one flight of stairs	1	2	3
j. Climbing several flights of stairs	1	2	3
k. Lifting or carrying groceries	1	2	3
l. <b>Moderate</b> activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
m. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

*(Please circle one number on each line)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	3	4	5
b. <b>Accomplished less</b> than you would like	1	2	3	4	5
c. Were limited in the <b>kind</b> of work or other activities	1	2	3	4	5
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

*(Please circle one number on each line)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	3	4	5
b. <b>Accomplished less</b> than you would like	1	2	3	4	5
c. Did work or other activities <b>less carefully than usual</b>	1	2	3	4	5

**6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?**

*(Please circle one number)*

Not at all ..... 1  
Slightly.....2  
Moderately ..... 3  
Quite a bit.....4  
Extremely ..... 5

**7. How much bodily pain have you had during the past 4 weeks?**

*(Please circle one number)*

None..... 1  
Very mild .....2  
Mild..... 3  
Moderate ..... 4  
Severe.....5  
Very severe ..... 6

**8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

*(Please circle one number)*

Not at all ..... 1  
A little bit.....2  
Moderately ..... 3  
Quite a bit.....4  
Extremely ..... 5

**Please turn the page and continue**

## YOUR FEELINGS

9. These questions are about how you feel and how things have been with you during the past 4 weeks. (For each question, please give the one answer that comes closest to the way you have been feeling.)

*(Please circle one number on each line)*

How much of the time during the <u>past 4 weeks</u> :	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	1	2	3	4	5
b. Have you been very nervous?	1	2	3	4	5
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
d. Have you felt calm and peaceful?	1	2	3	4	5
e. Did you have a lot of energy?	1	2	3	4	5
f. Have you felt down-hearted and depressed?	1	2	3	4	5
g. Did you feel worn-out?	1	2	3	4	5
h. Have you been happy?	1	2	3	4	5
i. Did you feel tired?	1	2	3	4	5

**Please turn the page and continue**



## HEALTH IN GENERAL

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)?

*(Please circle one number)*

- All of the time ..... 1  
Most of the time..... 2  
Some of the time ..... 3  
A little of the time..... 4  
None of the time..... 5

11. How TRUE or FALSE is each of the following statements for you?

*(Please circle one number on each line)*

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get ill more easily than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

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# **CoHoRT Study**

## **Resource Use and Socio-economic Questions**

Patient ID

Date of Questionnaire

**Pre Rehabilitation**

Q1	What is your sex?	Male <input type="checkbox"/>  Female <input type="checkbox"/>
Q2	What is your date of birth?	___ / ___ / 19 ___
Q3	What is your marital status? <i>(please tick <u>one</u> box)</i>	Single (never married) <input type="checkbox"/> Married (first marriage) <input type="checkbox"/> Re-married <input type="checkbox"/> Separated (but still legally married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Q4	What is your ethnic group? <i>(please tick <u>one</u> box)</i>	<b>White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> <i>(please write in)</i> _____  <b>Mixed</b> White and Black Caribbean <input type="checkbox"/> White and Black African White and Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> _____ <p style="text-align: right;"><b><i>Continued on next page, please turn over</i></b></p>

	<p style="text-align: right;"><b>Asian or Asian British</b> <input type="checkbox"/></p> <p style="text-align: right;">Indian <input type="checkbox"/></p> <p style="text-align: right;">Pakistani <input type="checkbox"/></p> <p style="text-align: right;">Bangladeshi <input type="checkbox"/></p> <p style="text-align: right;">Any other Asian background _____</p> <p style="text-align: right;"><i>(please write in)</i></p> <p style="text-align: right;"><b>Black or Black British</b> <input type="checkbox"/></p> <p style="text-align: right;">Caribbean <input type="checkbox"/></p> <p style="text-align: right;">African <input type="checkbox"/></p> <p style="text-align: right;">Any other Black background _____</p> <p style="text-align: right;"><i>(please write in)</i></p> <p style="text-align: right;"><b>Chinese or other ethnic group</b> <input type="checkbox"/></p> <p style="text-align: right;">Chinese <input type="checkbox"/> _____</p> <p style="text-align: right;">Any other _____</p> <p style="text-align: right;"><i>(please write in)</i></p>
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Q5	<p>What type of accommodation does your household occupy?</p> <p><i>(please tick <u>one</u> box)</i></p>	<p><b>A whole house or bungalow that is:</b></p> <p style="text-align: right;">Detached <input type="checkbox"/></p> <p style="text-align: right;">Semi – detached <input type="checkbox"/></p> <p style="text-align: right;">Terraced (including end-terrace) <input type="checkbox"/></p> <p style="text-align: right;">A flat, maisonette, or apartment <input type="checkbox"/></p>
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Q6	<p>Does your household own or rent the accommodation?</p> <p><i>(please tick <u>one</u> box)</i></p>	<p>Owns Outright <input type="checkbox"/></p> <p>Owns with a mortgage or loan <input type="checkbox"/></p> <p>Pays part rent and part mortgage (shared ownership) <input type="checkbox"/></p> <p>Rents <input type="checkbox"/></p> <p>Lives here rent free <input type="checkbox"/></p>
Q7	<p>Does your accommodation have central heating?</p>	<p>Yes, in some or all rooms <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
Q8	<p>How many cars or vans are owned, or available for use, by one or more members of your household?</p>	<p>0 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 or more <input type="checkbox"/></p>
Q9	<p>Do you do any work as an Employee, or on a Government sponsored training scheme, as self-employed/freelance, or in your own/family business?</p>	<p>Yes, full time <input type="checkbox"/> <i>(please go to Q11)</i></p> <p>Yes, part time <input type="checkbox"/> <i>(please go to Q11)</i></p> <p>No <input type="checkbox"/> <i>(please go to Q10)</i></p>

Q10	<p>If NO, are you</p> <p>Retired? <input type="checkbox"/></p> <p>Student? <input type="checkbox"/></p> <p>Looking after home/family? <input type="checkbox"/></p> <p>Permanently sick/disabled? <input type="checkbox"/></p> <p>None of the above? <input type="checkbox"/></p> <p style="text-align: center;"><b>(please go to Q12)</b></p>																						
Q11	<p>If you are in paid employment, how many days have you had off work in _____ days the last month on account of your health?</p>																						
Q12	<p>Please could you tell me <b>how many times</b> you have used any of the following services in the last month.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">GP telephone advice</td> <td style="width: 40%; text-align: right;"><input type="text"/></td> </tr> <tr> <td>GP surgery consultations</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>GP home visits</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Walk in centre</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>NHS Direct</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>District nurse visits</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Health visitor visits</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Social worker visits</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Hospital</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Home help</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>Any other professional visitor or service (Please specify)</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table> <p style="text-align: center;">_____</p>	GP telephone advice	<input type="text"/>	GP surgery consultations	<input type="text"/>	GP home visits	<input type="text"/>	Walk in centre	<input type="text"/>	NHS Direct	<input type="text"/>	District nurse visits	<input type="text"/>	Health visitor visits	<input type="text"/>	Social worker visits	<input type="text"/>	Hospital	<input type="text"/>	Home help	<input type="text"/>	Any other professional visitor or service (Please specify)	<input type="text"/>
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Any other professional visitor or service (Please specify)	<input type="text"/>																						

Q13	Do you receive help with your daily Activities from a relative or friend?	Yes <input type="checkbox"/>	Go to Q14
		No <input type="checkbox"/>	End of questionnaire
Q14	If YES, on average, how much time per day/per week do they spend?	_____ hours per day	_____ days per week
	<b>Now please go to Q15</b>		
Q15	What would that person have been doing as their main activity if they had not been helping and/or caring for you?	Housework <input type="checkbox"/> Childcare <input type="checkbox"/> Caring for a relative or friend <input type="checkbox"/> Voluntary work <input type="checkbox"/> Leisure activities <input type="checkbox"/> Attending school or university <input type="checkbox"/> On sick leave <input type="checkbox"/> Paid work <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	
	If you answer to this question is paid work, please go to Q16, otherwise stop here.		
Q16	What is your carer's occupation? _____		

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

We would like you to tell us something about your breathlessness over the last 24 hours. If you don't do something because you are too breathless to even think of doing it please ✓ "Yes"

As soon as you ✓ "No" in the shaded grey area you may stop answering questions.

		Yes	No
1	Are you short of breath on strenuous exercise?		
2	Are you short of breath when hurrying on the level  or  walking up slight hills		
3	Does shortness of breath make you walk slower than most people of your age on the flat  Or  Have you had to stop for breath after a mile or so (or after 15 minutes) on the level at your own pace due to shortness of breath		
4	Have you been stopping for breath after walking 100 yards (or after 4 minutes) on the level at your own pace		
5	Have you got short of breath after walking a few yards at your own pace  Or  Did getting undressed last night make you short of breath		