

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

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

Also need SF36 (lemon), EQ5D (green), CRQ (peach), Resource Use (lilac) and Global (gold)

Check Data

Subject initials

Date of Birth

//

ID number from database

Patients GP

Bronchodilator

Give 2 puffs Salbutamol and/or 2 puffs Atrovent Forte

via Volumatic (10 tidal breath technique) time

:

Weight

.

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

Spirometry

Perform spirometry at least 30 mins post bronchodilator

Circle bronchodilator/s

Atrovent

Salbutamol

Time of starting spirometry

:

Relaxed Vital Capacity		
FEV ₁		
FVC		
PEF		

Medication Changes

Have you altered the dose you take of any medication

Yes/no

Changed dose medication	New route	New number	New frequency

Have you started any new medication

Yes/no

New medication	route	number	frequency

Have you stopped any medication

Yes/no

Discontinued medication	route	number	frequency

In the last year how many additional courses of treatment for your chest (antibiotics and/or steroids) have you needed

0

1-3

4-6

over 6

Second questionnaires

Self fill CRQ when completed

Self fill Eq5D when completed

Global health change when completed

Endurance walk

Level set at first visit

Distance walked in metres

How long was the walk in minutes . m

Was the walk stopped at 20 mins Yes/No

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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CRQ

Patient ID

Date of Questionnaire

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CHRONIC RESPIRATORY QUESTIONNAIRE FOLLOW UP

This is the questionnaire designed to find out how you have been feeling during the last 2 weeks. You will be asked about how short of breath you have been, how you have been feeling and how your mood has been.

The first time we did the questionnaire you thought of the activities you had done during the last two weeks that had made you short of breath, then you selected the five most important activities that had made you short of breath. These were *(list these from database)*

A	
B	
C	
D	
E	

We are going to continue to use those five activities in this questionnaire.

Please circle the appropriate number for each answer

Question 4

A I would now like you to describe how much shortness of breath you have experienced during the last two weeks whilst

(repeat item from above)

1. EXTREMELY SHORT OF BREATH
2. VERY SHORT OF BREATH
3. QUITE A BIT SHORT OF BREATH
4. MODERATE SHORTNESS OF BREATH
5. SOME SHORTNESS OF BREATH
6. A LITTLE SHORTNESS OF BREATH
7. NOT AT ALL SHORT OF BREATH

B I would now like you to describe how much shortness of breath you have experienced during the last two weeks whilst

(repeat item from above)

1. EXTREMELY SHORT OF BREATH
2. VERY SHORT OF BREATH
3. QUITE A BIT SHORT OF BREATH
4. MODERATE SHORTNESS OF BREATH
5. SOME SHORTNESS OF BREATH
6. A LITTLE SHORTNESS OF BREATH
7. NOT AT ALL SHORT OF BREATH

C I would now like you to describe how much shortness of breath you have experienced during the last two weeks whilst

(repeat item from above)

1. EXTREMELY SHORT OF BREATH
2. VERY SHORT OF BREATH
3. QUITE A BIT SHORT OF BREATH
4. MODERATE SHORTNESS OF BREATH
5. SOME SHORTNESS OF BREATH
6. A LITTLE SHORTNESS OF BREATH
7. NOT AT ALL SHORT OF BREATH

D I would now like you to describe how much shortness of breath you have experienced during the last two weeks whilst

(repeat item from above)

1. EXTREMELY SHORT OF BREATH
2. VERY SHORT OF BREATH
3. QUITE A BIT SHORT OF BREATH
4. MODERATE SHORTNESS OF BREATH
5. SOME SHORTNESS OF BREATH
6. A LITTLE SHORTNESS OF BREATH
7. NOT AT ALL SHORT OF BREATH

E I would now like you to describe how much shortness of breath you have experienced during the last two weeks whilst

(repeat item from above)

1. EXTREMELY SHORT OF BREATH
2. VERY SHORT OF BREATH
3. QUITE A BIT SHORT OF BREATH
4. MODERATE SHORTNESS OF BREATH
5. SOME SHORTNESS OF BREATH
6. A LITTLE SHORTNESS OF BREATH
7. NOT AT ALL SHORT OF BREATH

Question 5

In general, how much of the time during the last two weeks have you felt frustrated or impatient?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 6

How often during the last two weeks did you have a feeling of fear or panic when you had difficulty getting your breath?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 7

What about fatigue? How tired have you felt over the last two weeks ?

1. EXTREMELY TIRED
2. VERY TIRED
3. QUITE A BIT TIRED
4. MODERATELY TIRED
5. SOMEWHAT TIRED
6. A LITTLE TIRED
7. NOT AT ALL TIRED

Question 8

How often during the last two weeks have you felt embarrassed by your coughing or heavy breathing?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 9

In the last two weeks how much of the time did you feel very confident and sure that you could deal with your illness?

1. NONE OF THE TIME
2. A LITTLE OF THE TIME
3. SOME OF THE TIME
4. A GOOD BIT OF THE TIME
5. MOST OF THE TIME
6. ALMOST ALL OF THE TIME
7. ALL OF THE TIME

Question 10

How much energy have you had in the last two weeks?

1. NO ENERGY AT ALL
2. A LITTLE ENERGY
3. SOME ENERGY
4. MODERATELY ENERGETIC
5. QUITE A BIT OF ENERGY
6. VERY ENERGETIC
7. FULL OF ENERGY

Question 11

In general, how much of the time did you feel upset, worried or depressed during the last two weeks?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 12

How often during the last two weeks did you feel that you had complete control of your breathing?

1. NONE OF THE TIME
2. A LITTLE OF THE TIME
3. SOME OF THE TIME
4. A GOOD BIT OF THE TIME
5. MOST OF THE TIME
6. ALMOST ALL OF THE TIME
7. ALL OF THE TIME

Question 13

How much of the time during the last two weeks did you feel relaxed and free of tension?

1. NONE OF THE TIME
2. A LITTLE OF THE TIME
3. SOME OF THE TIME
4. A GOOD BIT OF THE TIME
5. MOST OF THE TIME
6. ALMOST ALL OF THE TIME
7. ALL OF THE TIME

Question 14

How often during the last two weeks have you felt low in energy?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 15

In general, how often during the last two weeks have you felt discouraged or down in the dumps?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 16

How often during the last two weeks have you felt worn out or sluggish?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 17

How happy, satisfied or pleased have you felt with your personal life during the last two weeks?

1. VERY DISSATISFIED, UNHAPPY MOST OF THE TIME
2. GENERALLY DISSATISFIED, UNHAPPY
3. SOMEWHAT DISSATISFIED, UNHAPPY
4. GENERALLY SATISFIED, PLEASED
5. HAPPY MOST OF THE TIME
6. VERY HAPPY MOST OF THE TIME
7. EXTREMELY HAPPY, COULD NOT BE MORE SATISFIED OR PLEASED

Question 18

How often during the last two weeks did you feel upset or scared when you had difficulty getting your breath?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

Question 19

In general, how often during the last two weeks have you felt restless, tense or uptight?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

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Resource Use

Patient ID

Date of Questionnaire

<i>✓ for timepoint</i>	
	<i>Post Rehab</i>
	<i>Rehab plus 6 months</i>
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Q1	<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>																						
Q2	<p>Please could you tell me how many times you have used any of the following services in the last month.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GP telephone advice</td> <td style="width: 50%; 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</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table> <p>Please specify _____</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	<input type="text"/>
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Hospital	<input type="text"/>																						
Home help	<input type="text"/>																						
Any other professional visitor or service	<input type="text"/>																						
Q3	<p>In the last month have you received help with your daily activities from a relative or friend?</p> <p style="text-align: right;">Yes <input type="checkbox"/> Go to Q14</p> <p style="text-align: right;">No <input type="checkbox"/> End of questionnaire</p>																						
Q4	<p>If YES, on average, how much time _____ hours per day per day/per week do they spend? _____ days per week</p>																						

Q5	<p>What would that person have been doing as their main activity if they had not been helping and/or caring for you?</p> <p>Housework <input type="checkbox"/></p> <p>Childcare <input type="checkbox"/></p> <p>Caring for a relative or friend <input type="checkbox"/></p> <p>Voluntary work <input type="checkbox"/></p> <p>Leisure activities <input type="checkbox"/></p> <p>Attending school or university <input type="checkbox"/></p> <p>On sick leave <input type="checkbox"/></p> <p>Paid work <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>_____</p> <p>If your answer to this question is paid work, please go to Q6, otherwise stop here.</p>
Q6	<p>What is your carer's occupation?</p> <p>_____</p>

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

CoHoRT Study

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

Addressograph label

Global rating of health change question (v3)

Since the last time you saw us, has there been any change in your overall health-related quality of life?

Has your overall health-related quality of life been:

(Please circle one number only)

1. Worse	2. About the same	3. Better
(If you have circled 1 or 3 now please tell us how big the change is)		

If you feel worse, how much worse?

If you feel better, how much better?

- 1i Almost the same, hardly any worse at all
- 1ii A little worse
- 1iii Somewhat worse
- 1iv Moderately worse
- 1v A good deal worse
- 1vi A great deal worse
- 1vii A very great deal worse

- 3i Almost the same, hardly any better at all
- 3ii A little better
- 3iii Somewhat better
- 3iv Moderately better
- 3v A good deal better
- 3vi A great deal better
- 3vii A very great deal better