The following is a list of data elements contained in the Registry. Please note that this list is subject to change. Participating members will be notified if there are any major changes to this list.

**Demographic Information**
- Registry ID (system)
- Record creation date (system)
- Program ID (system)
- * Hospital medical record ID
- * Last name
- Gender
- * DOB
- Health insurance plan
- Health insurer(s)
- Race
- Ethnicity
- ZIP Code
- Education level
- Social support/living arrangement

**Medical History Information**
- PR admission diagnoses
- Comorbid conditions
- Revised Charlson Comorbidity Index (calculated)
- Tobacco use status:
  - Packs/day
  - Years of use
  - Pack-year history (calculated)
  - Quit date

**PR Intake Information**
- * Referral date
- * Enrollment date
- Age at enrollment (calculated)
- # of prescribed sessions/week
- # of education sessions
- # of exercise sessions

**Pre/Post Clinical Assessments**
- Height
- Weight
- BMI (calculated)
- Fat-free mass/method used
- BODE Index (calculated)

**Spirometry**
- FEV₁ (actual, % predicted)
- FVC (actual, % predicted)
- FEV₁:FVC (ratio, entered in the form of a number to the nearest 2 decimal points.)
- DLCO (actual, % predicted)
- FRC (actual, % predicted) Obstruction/restriction and severity
- RV % Predicted
- TLC % Predicted
- RV/TLC % Predicted
- IC/TLC % Predicted

**Functional Capacity Measures**
- 6-Minute Walk Test parameters:
  - Distance (feet/meters)
  - Test type
  - METs (calculated)
  - Borg Rating of Perceived Exertion
  - Borg Dyspnea Rating
  - MET-mins per week (IPAQ)

**Supported Assessment Tools**

### Dyspnea Symptoms
- Modified Medical Research Council Dyspnea Scale
- Baseline Dyspnea Index/Transitional Dyspnea Index
- UCSD Shortness of Breath Questionnaire

### Depression/Psychosocial Risk
- Center for Epidemiologic Studies-Depression Patient Questionnaire
- Psychosocial Risk Factor Survey
- Hospital Anxiety and Depression Scale
- Geriatric Depression Scale (15- or 30-point)
- Beck Depression Inventory II

### Health-related Quality of Life
- Chronic Respiratory Disease Questionnaire
- St. Georges Respiratory Questionnaire
- Medical Outcomes Trust-Short Form 36-v2 (Standard)
- Ferrans & Powers Quality of Life Index-Pulmonary
- Dartmouth COOP
- COPD Assessment Test
**Oxygen Usage**
Nasal cannula and/or mask usage at rest, ADLs, exercise, and sleep
Oxygen percent at rest, ADLs, exercise, and sleep (for mask usage)
Oxygen delivery system used

**Healthcare Utilization**
Exacerbations
Adverse events
Measure of 30 Day Readmission for COPD

**Physical Activity**
Patient Steps per Day

**Discharge Information**
Completion status
Non-completion reasons
Program discharge date
Number of exercise sessions completed

**Information Relating to Participating Program**
Health Care System (HCS) ID (System)  Referrals/year
Health Care System Name  *Hospital bed number
HCS address  Profit status of hospital/clinic
HCS city  Maintenance program offered
HCS state  Number of full-time staff equivalents
HCS ZIP code  *Principal User name

*Participating program name  *Principal User telephone number
*Address  *Principal User e-mail address
*City  *Program Director name
*State  *Medical Director name
* ZIP code  *AACVPR certified/date of certification
*Type of program

* “Required” fields
# Fields will be provided for scores. AACVPR will not provide actual tools. Program may choose one or more tools for assessment purposes.

Note: Some of the definitions for the above data elements are unique and have been standardized specifically for the Registry. They may be different than what you are currently using. The definitions and timing of data collection will be reviewed during the Principal User training sessions.