

Pulmonary Rehabilitation (PR) Survey - Oxygen therapy during PR for people with COPD

Thank you for participating in this survey.

INSTRUCTION FOR PARTICIPANTS

If you deliver a pulmonary rehabilitation service across multiple sites you may receive this survey more than once.

If you only work in one site

- please complete this survey in full and press submit at the end of the survey

If you work across multiple sites

- please complete the survey in full for each pulmonary rehabilitation site and press submit at the end of the survey

If you cannot complete the survey in full in one go, you can save your response and return to the survey later with the password provided.

The participant information sheet for this project is attached.

Thank you for your participation in this research project.

[Attachment: "PIS oxygen survey version 1, 6.5.2015.doc"]

PARTICIPANT AND PULMONARY REHABILITATION PROGRAM INFORMATION

The information that you provide on this page cannot be linked with the survey. This is to ensure that the survey is anonymous.

Program Venue

□(please write down the program name and location)

Contact email address

_____ (please write down your work contact email)

Date of Consent

Section 1 - DEMOGRAPHIC INFORMATION

What is your professional background?

- Nursing
 - Physiotherapy
 - Medical
 - Exercise Physiology
 - Occupational Therapy
 - Other
- (tick all that apply)

Please specify if you have chosen 'Other'

How much experience have you had working in pulmonary rehabilitation (PR)?

- Less than 1 year
- Between 1 and 3 years
- Between 3 and 5 years
- Between 5 and 10 years
- Greater than 10 years

What special training have you had regarding PR?

- None
 - Informal training on the job from other staff
 - Workshops on PR
 - University education in PR
- (tick one of the above)

Which elements of a PR program do you directly participate in clinically?

- Assessment of patient quality of life (QOL) using a questionnaire
 - Assessment of patient exercise tolerance using an exercise test
 - Formal patient education
 - Prescription of exercise
 - Supervising or conducting an exercise program
- (tick all that apply)

Where is the PR program based?

- Home program
 - Community centre
 - Hospital outpatient area
 - Hospital inpatient area
 - Other
- (tick all that apply)

Please specify if you have chosen 'Other'

How many participants (with lung disease including COPD) commence PR at your site each year?

- 0-20
- 20-50
- 50-100
- 100-150
- 150-200
- >200

SECTION 2 - YOUR REHABILITATION PROGRAM

A. Exercise Test

Do you assess participants with exercise testing before commencing the PR program?

- Yes
- No

Please specify if you have chosen 'Yes' (tick all that apply)

- six minute walk test
- Other

Please specify if you have chosen 'Other'

Who usually conducts the pre-program exercise test?

- Doctor
 - Exercise physiologist
 - Nurse
 - Physiotherapist
 - Respiratory scientist
 - Other
- (tick all that apply)

Please specify if you have chosen 'other'

Please indicate how often, during the exercise test, the following measures are taken (tick all that apply and leave blank those that are not used)

	Before the test	During the test	Immediately after the test	Recovery period
Oxygen Saturation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyspnoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the last question, if you record oxygen saturation (SpO₂) during an exercise test, when do you record it?

- Continuously
 Once every minute
 Half way through the test
 None of the above

Please specify when do you record oxygen saturation during exercise test if you have chosen 'None of the above'

If you record SpO₂ during an exercise test, which probe do you use?

- Finger probe
 Forehead probe
 Ear probe
 Depends on participant

Please specify what do you use to record oxygen saturation during exercise test if you have chosen 'Depends on participant'

Do you impose a rest during the test based on the SpO₂ level?

- Yes
 No

If you have chosen 'Yes', please specify at what level of SpO₂ would you provide supplemental oxygen?

During exercise testing, is supplemental oxygen therapy available for PR participants?

- Yes
 No

For people who are NOT on long-term oxygen therapy, who prescribes (i.e. determines oxygen flow and device to be used) for your PR participants during exercise testing?

- The testing clinician
 The general practitioner of the patient
 The respiratory physician of the patient
 Other
 (please choose 'other' if more than one professional involves in the oxygen prescription process)

Please specify if you have chosen 'other'

Do you have a protocol on how supplemental oxygen therapy is provided during exercise testing in your PR program?

- Yes
 No

Please specify if you have chosen 'Yes'

SECTION 2 - YOUR REHABILITATION PROGRAM

B. Exercise Training

Do you have an exercise component in your PR program?

- Yes
- No

B. Exercise Training

Do you have a protocol on how supplemental oxygen therapy is provided during exercise training in your PR program?

- Yes
 No

Please specify if you have chosen 'Yes'

During exercise training, is supplemental oxygen therapy available for PR participants?

- Yes
 No

For people who are NOT on long-term oxygen therapy, who prescribes (i.e. determines oxygen flow and device to be used) for your PR participants during exercise training?

- The testing clinician
 The general practitioner of the patient
 The respiratory physician of the patient
 Other
 (please choose 'other' if more than one professional involves in the oxygen prescription process)

Please specify if you have chosen 'other'

If you decide to provide supplemental oxygen therapy for people in your PR program who are not on long-term oxygen therapy, what oxygen therapy device do you use?

- Portable oxygen cylinder
 Oxygen concentrator
 Wall oxygen therapy outlet
 Other

Please specify if you have chosen 'Other'

If you decide to provide supplemental oxygen for people in your PR program who are not on long-term oxygen therapy, what level flow rate do you typically set?

- 1
 2
 3
 4
 5
 Other

Please specify if you have chosen 'Other'

If you decide to provide supplemental oxygen therapy for people in your PR program who are not on long-term oxygen therapy, when do you provide this?

- Whole exercise training session
 Only during the exercise/s in which the participant desaturates
 Other
 (tick all that apply)

Please specify if you have chosen 'Other'

If you are the one who prescribes supplemental oxygen therapy to your PR participants during exercise training, how do you determine oxygen prescription during exercise training for people who are not on long-term oxygen therapy?

- Oxygen desaturation level during the exercise test
 Oxygen desaturation level during exercise training
 Dyspnoea level
 Muscle fatigue
 Improvement in exercise performance during oxygen administration
 Other
 (tick all that apply)

Please specify the SpO2 threshold

Please specify the level of dyspnea

- Slight
 Moderate
 Severe

Please specify the level of muscle fatigue

- Slight
 Moderate
 Severe

Please specify if you have chosen 'Other'

If you are the one who prescribes supplemental oxygen therapy to your PR participants (who are not long-term oxygen therapy) during exercise training, why do you administer the supplemental oxygen therapy?

- Safety
- To keep SpO2 above a minimum threshold
- Increase initial exercise prescription (i.e. intensity and duration of training)
- Faster progression of training (i.e. Intensity and/or duration of training)
- Reduce participant's symptoms (e.g. dyspnoea and/or muscle fatigue) during training
- Other
(tick all that apply)

Please specify the SpO2 level

Please specify if you have chosen 'Other'
