

PULMONARY REHABILITATION FORM

1. NAME/RN NO.		
2. AGE		
3. SEX	1. Male	2. Female
4. RACE	1. Malay	2. Chinese 3. Indian 4. Others
5. MARITAL STATUS	1. Married 2. Widow/widower 3. Single 4. Divorce/divorcee	
6. WEIGHT (kg)		
7. HEIGHT (cm)		
8. BODY MASS INDEX		
9. ADDRESS		
CONTACT NO:		
10. DIAGNOSIS		
11. LENGTH OF HOSPITAL STAY/NO OF ADMISSIONS	1. 12 MONTHS PRE REHAB	2. 12 MONTHS POST REHAB
12. SMOKING HABIT	1. Non-smoker	2. Smoker
	3. Ex-smoker (stopped smoking one year ago)	
13. MOBILITY SCORE	1. Ambulant	2. Non ambulant/ using walking aid
14. GENERAL ASSESSMENT	PRE REHAB	POST REHAB
a) VITAL SIGNS		
i) BP		
iii) PULSE RATE		
iv) RESPIRATORY RATE		
v) O ₂ SATURATION		
b) LUNG FUNCTION TEST		
ii) FEV ₁		
iii) FVC		

c) SPUTUM PRODUCTION	REGULARLY PRODUCING SPUTUM? PROBLEMS PRODUCING SPUTUM?	
15. 6 MIN WALKING TEST (6MWT)	PRE REHAB	POST REHAB
a) No of rests		
b) distance walked		
c) heart rate (use oxymeter but palpate pulse if irregular readings on oxymeter)		
d) Sat O ₂ (measure pre & post 6MWT)		
e) dyspnoea score (Borg scale)		
f) duration of rests (in seconds)		

D. BORG DYSPNOEA SCALE

Breathlessness Scale

This is a scale for rating breathlessness.

The number 0 represents no breathlessness.

The number 10 represents the most severe or greatest breathlessness you have ever experienced.

You will be asked to point to a number which represents your level of breathlessness at this moment in time. Use the descriptions to the right to help guide your selection.

0	Not at all Breathless Very, Very Slight
0.5	(Just Noticeable)
1	Very Slight
2	Slight
3	Moderate
4	Somewhat Severe
5	Severe
6	
7	Very Severe
8	
9	Very, Very Severe (Almost Maximal)
10	Maximal