Questionnaire for Variables Tested

Demographics
The following information was obtained from chart review:
1. Patient Name:
2. Age:
3. Gender: Male/Female
4. Race: Caucasian/Black/Hispanic/Asian/Other
5. Body Mass Index
6. Date of Admission:

The following information was obtained by patient interaction:
1. Partnered: Yes/No
2. Support: High/Medium/Low
3. Smoking status: Yes/No (Y/N)

Disease severity
The following information was obtained from chart review:
1. Previous unplanned hospitalizations past year:
2. Previous respiratory admissions past year:
3. BiPAP in hospital: Y/N
4. ICU days:
5. Intubated: Y/ N
6. LOS: --- days
7. Number of ED visits past 6 months: RESPIRATORY / NON-RESPIRATORY
8. Presence of the following comorbidities: CHF, Coronary artery disease/ myocardial infarction, chronic liver disease, chronic renal failure, , peptic ulcer disease, metastatic cancer, non-metastatic tumor, hematological malignancy, cerebrovascular disease/hemiplegia, dementia, diabetes mellitus (NIDDM/IDDM), AIDs, connective tissue disease, peripheral vascular disease. This will be used to calculate Charlson Comorbidity Index, using an online calculator (*http://touchcalc.com/calculators/cci_js*)
9. LACE Index: Derived from length of stay, acuity of admission, Charlson comorbidity index, and number of emergency department visits in preceding 6 months
10. Hemoglobin upon discharge:
11. Atrial Fibrillation: Y/N
12. Pulmonary fibrosis: Y/N
13. Obstructive Sleep Apnea: Y/N
14. CT evidence for emphysema: Y/N
15. Clinical chronic bronchitis: Y/N
16. FEV1 historical, preferably post-bronchodilator
17. Documented CO_2 retention ($PaCO_2 > 50$): Y/N/Unknown

The following information was obtained by patient interaction:
1. Self-reported number of exacerbations (antibiotics or steroids) past year:

2. FEV1 and FEV1/FVC: from prior spirometry or pre-discharge (obtained as part of hospital protocol for COPD exacerbation patients without previous documented FEV1/FVC and FEV1)
3. Oxygen Therapy: hours per 24
4. Medical Research Council(MRC) scale of dyspnea when last stable
5. BiPAP at home: Y/ N

Functional Status
The following information was obtained by patient interaction:
1. Number of days (0-7) out of the house in week preceding hospitalization:
2. When last stable: number of days (0-7) typically out of the house
3. Sit to stand unassisted, no arms, 30 seconds, standard chair 17 inch, # reps
4. What limits your ability to walk the most: respiratory non-respiratory
5. History of falls past years: number of times
6. COPD Assessment Test (CAT): Standard 8-point questionnaire

Psychological
The following information was obtained by patient interaction:
1. Depression Y/N On treatment: Y/N
2. Anxiety: Y/N On treatment: Y/N
3. In the past month, have you felt bothered a lot by:
4. Little interest or pleasure in doing things?
5. Feeling down, depressed or hopeless?
6. In the past month, have you felt bothered *a lot* by:
7. "Nerves" or feeling anxious or edge?
8. Worrying about a lot of different things?
9. In the last month: Have you had an anxiety attack (suddenly feeling fear or panic)?

Treatment upon admission
The following information was obtained from chart review:
Medications: Long-acting muscarinic agents (LAMA)/ Long-Acting Beta Agonists (LABA)/ Short -Acting Beta Agonists (SABA)/ Short-acting muscarinic agents (SAMA) /Inhaled corticosteroids (ICS) / Chronic-PREDNISONE

Discharge
The following information was obtained from chart review:
1. Medications: LABA/ LAMA/ SABA/ SAMA/ ICS /PREDNISONE/ ANTIBIOTIC
2. Health care appointment within 2 weeks GIVEN: Yes/No
3. Discharge disposition: HOME /VNA / SNF /LTAC /Hospice / In-hospital-mortality
4. Date of discharge

"Gut feeling"
Gut feeling of rehospitalization in 30 days: MD rating: 0 (little chance) 1 (very unlikely); 2 (unlikely); 3 (average: 20% chance); 4 (likely); and 5 (very likely).

30-day follow-up:
The following information was obtained by patient interaction:
1. Date of call
2. Hospitalized Y/N
3. Number of times if yes:
4. Days to first subsequent hospitalization:
5. ED visits:
6. Days to first health care provider:
7. Reason for hospitalization