Supplement Figure 1: Breathless Clinic Initial Assessment Template

BREATHLESS CLINIC INITIAL ASSESSMENT

Date: Name: MRN:

Address:

Referred by:

Aboriginal or Torres Strait Islander?

If yes, registered for Close the Gap? Yes/ No

GP Name:

Names & relationships accompanying patient:

Health care professionals in attendance:

MEDICAL ASSESSMENT

Factors contributing to breathlessness (list):

Current medications

Daily	
BD	
TDS	
QID	
PRN	
Other	

Inhalers

Reliever	ICS	LAMA	LABA	LAMA/LABA	ICS/LABA	ICS/LAMA/LABA

Respiratory History:

Smoking Hx: Pack years;

Cough Hx:

Home O2:

PAP therapy:

COPD Action plan: (yes/no, last exacerbation, exac per year, allergies to antibiotics)

Haematologic:

Metabolic:

Cardiac:

Mental Health:

Exercise:

Other:

Vaccinations:

NURSING ASSESSMENT

Examination	H: W: BMI: SaO2: PR: BP:
Investigations	Post bronchodilator spirometry: FEV1 value_____Predicted- FVC value_____Predicted- FEV1/FVC Quality rating: Imaging (if relevant): Bloods:

Breathing:

Thinking:

Functioning:

PHYSIOTHERAPY ASSESSMENT

Occupational Therapy Assessment

PLAN

Supplement file: STROBE Statement[1]—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	*(a)* Indicate the study's design with a commonly used term in the title or the abstract Study design incorporated into title (page 1)	1	
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found See abstract (page 2-4)	2-4	Abstract
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported Scientific background and rationale discussed within the introduction (page 5-8)	5-8	Introduction
Objectives	3	State specific objectives, including any prespecified hypotheses Hypotheses described within the introduction (page 8), objectives are stated in the abstract (page 3)	3, 8	Abstract, Introduction
Methods				
Study design	4	Present key elements of study design early in the paper Study design is outlined in the abstract (pages 2-4) and methods (starting at page 8) sections and briefly mentioned in the manuscript title (page1)	1-4, 8-13	Title, Abstract, Methods
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection These are described in the methods section (pages 8-9)	8-9	Methods

Participants	6	*(a)* ***Cohort study***—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Eligibility criteria are discussed in methods (page 9) with more detailed description in Box 1. Sources of referral and methods of follow up are discussed in methods (page 8 - 9, 12) *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	8-9, 12	Methods, Box 1
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable The intervention is described in methods (pages 9-12) and Figure 1. Breathlessness impact outcomes are discussed in methods (page 12) with Table 1 providing more detailed explanation. Response predictors are mainly discussed in results (page 16) but also mentioned in methods (page 13)	9-13, 16	Methods, Results, Discussion, Table 1, Figure 1
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Variables of interest and sources of data are discussed throughout the methods section (pages 9 - 10, 12). Sources of data are also illustrated to some extent in Figure 1. Outcomes are detailed in Table	9-10, 12	Methods, Table 1, Figure 1

		1. Describe comparability of assessment methods if there is more than one group Not applicable		
Bias	9	Describe any efforts to address potential sources of bias Potential sources of bias and any means used to address these are mentioned within the methods section under “breathlessness impact outcomes” and “statistics” (page 12-14) but are more extensively described within the strengths and limitations section of the discussion (page 21-22)	12-14, 21-22	Methods, Discussion
Study size	10	Explain how the study size was arrived at The sample size of the study is discussed in the methods section under “statistics” (page 12)	12	Methods (under Statistical Analysis)

Continued on next page

Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why This is discussed in the methods section under “statistics” (page 12-13)	12-13	Methods (under Statistical Analysis)
Statistical methods	12	*(a)* Describe all statistical methods, including those used to control for confounding See methods section under “statistics” (pages 12-14)	12-14	Methods (under Statistical Analysis)
		(b) Describe any methods used to examine subgroups and interactions See methods section under “statistics” (page 13-14)	13-14	Methods (under Statistical Analysis)
		(c) Explain how missing data were addressed Missing data (ascertainment bias) are discussed under statistics in the methods section (page 13)	13	Methods (under Statistical Analysis)
		(d) *Cohort study*—If applicable, explain how loss to follow-up was addressed The impact of loss to follow up (attrition or selection bias) was explored - see discussion in Methods, under Statistical Analysis, (page 13-14), Results (page 17) and again in the Discussion section, under Strengths and Limitations (page 21-22) *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	13-14, 17, 21-22	Methods (under Statistical Analysis), Results and Discussion (under Strengths and Limitations)
		(e) Describe any sensitivity analyses Not applicable		
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	14, 21	Results, Discussion, Figure 2

		Discussed in Results (page 14), Discussion (page 21) and Figure 2		
		(b) Give reasons for non-participation at each stage Discussed within Results section (page 14), Discussion (page 21)	14, 21	Results, Discussion, Figure 2
		(b) Consider use of a flow diagram Noted – see Figure 2		
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders See Results section (page 14-15), Figure 3 and Table 2	14-15	Results, Figure 3, Table 2
		(b) Indicate number of participants with missing data for each variable of interest See Results (page 14), Figure 2, Tables 3 and 4	11-12	Results, Tables 3 and 4, Figure 2
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount) Approximate follow up times discussed in Results section, page 14	12-13	Results
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time See Methods section pages 9, 12-13 under headings of Setting, Breathlessness Impact Outcomes and Statistical Analysis and also Table 3	9, 12-13	Methods, Table 3
		Case-control study—Report numbers in each exposure category, or summary measures of exposure		
		Cross-sectional study—Report numbers of outcome events or summary measures		
Main results	16	*(a)* Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	15-16	Results, Table 3

	Unadjusted values provided with 95% confidence intervals – see Results section page 15-16 and Table 3
	(*b*) Report category boundaries when continuous variables were categorized Not applicable
	(b) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period Not applicable

Continued on next page

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses See Results (pages 13-14) for linear regression models to assess potential response predictors and comparison of baseline characteristics between study completers and non-completers	13-14	Results
Discussion				
Key results	18	Summarise key results with reference to study objectives Discussion section (page 17-18)	17-18	Discussion
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias Sources of bias and other limitations are mentioned in Discussion, under strengths and limitations (page 21-22).	21-22	Discussion, under Strengths and Limitations
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence The authors' interpretation is presented throughout the Discussion section, in particular pages 17-18, 23	17-18, 23	Discussion, Conclusion
Generalisability	21	Discuss the generalisability (external validity) of the study results Some comments relevant to generalisability are found in the Discussion section, mainly in pages 19-22	19-22	Discussion
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based There is a statement detailing study funding on page 25. In addition, authors' potential conflicts of interest are presented on pages 25-26	25-26	Funding Statement, Conflicts of Interest

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Reference:

1. Von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. The lancet. 2007 Oct 20;370(9596):1453-7.