Patient ID [ ][ ] [1][ ][ ][ ] (site #) (patient #) Coded Patient Initials [ ][ ] F L Assessor Initials [ ][ ] F L Date of Assessment [ ][ ] [ ][ ] [2][0][ ][ ] (dd/mm/yyyy)

RESEARCH COORDINATOR ASSESSMENT: ICU DISCHARGE (Form RC 2.1 of 2)

1. Activities of Daily Living (ADL) (Ask the patient the following AND/OR review chart regarding their current function; check ONE box per activity)

ACTIVITY	INDEPENDENT	DEPENDENT
BATHING (e.g. sponge, shower, or tub)	☐ Assistance only in bathing a single part (as back or disabled extremity), or bathes self completely	☐ Assistance in bathing more than one part of body, or assistance in getting in or out of tub, or does not bathe self
DRESSING	☐ Gets clothes from closets and drawers, and puts on clothes, outer garments and braces, and manages fasteners (act of tying shoes excluded)	☐ Does not dress self, or remains partially undressed
GOING to the TOILET	☐ Gets to toilet, gets on-and-off toilet, arranges clothes, and cleans organs of excretion (may manage own bedpan used at night and may not be using mechanical supports)	☐ Uses bedpan or commode, or receives assistance in getting to and using toilet
TRANSFER	☐ Moves in and out of bed independently, and moves in and out of chair independently (may or may not use mechanical supports)	☐ Assistance in moving in-and-out of bed and/or chair; does not perform one or more transfers
CONTINENCE	☐ Urination and defecation entirely self-controlled	☐ Partial or total incontinence in urination or defecation, or partial or total control by enemas, catheters, or regulated use of urinals &/or bedpans
FEEDING	☐ Gets food from plate or its equivalent into mouth. Note: Precutting of meat and preparation of food, as buttering bread are excluded	☐ Assistance in the act of feeding, or does not eat at all or parenteral (e.g. intravenous TPN) feeding

2A. Was any clinical data collected at this timepoint?

☐ Yes (go to 2B)
☐ No (insert reason #, if "other", specify) → [ ][ ]
(specify) ______________________

2B. Should data for this assessment be considered for any additional timepoints (check all)

☐ Yes (specify) → ☒ ICU Discharge
☐ No ☐ Hosp Discharge

Reason # not done

1. Ax merged with other assessment form/ other timepoint (complete q# 2B)
2. Patient did not pass cog. screen. prior to ICU discharge (alive @ discharge)
3. Patient died prior to reaching timepoint
4. Goals of care changed to palliative
5. Patient or Proxy refusal
6. Assessment missed
7. Cognitive issue - patient too sedated/agitated
8. Cognitive issue - patient unable to follow commands
9. Assessor perceives patient unable to perform due to safety concerns (e.g. physiological or physical)
10. Assessor perceives that patient is likely able to but has a limitation such as pain, lines, amputation, fatigue etc.
11. Other assessment prioritized
12. Other (specify)

3. Patient-Reported Functional Scale [Ask the patient the following questions; insert all activity scores into table below; do not score based on chart review)

[ ][ ] Reason # not done (specify) ______________________

Instructions: *"I'm going to ask you about how well you think you can do 6 activities. Compared to before you got sick, can you rate how well you can do each of these activities? Today, do you, or would you have difficulty with the following items? Please point to the number which best describes your ability. 10 = as well as you could before the ICU, and 0 = unable to do this activity right now." (If the patient reports the activity is not relevant to them, please state, "If you are not doing this now, do you imagine you would have any difficulty?")*

Unable to perform activity 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **Able to perform activity at same level as before ICU admission**

ACTIVITY	SCORE
1. Rolling in bed	[ ][ ] /10
2. Moving from lying in the bed to sitting at the edge of the bed	[ ][ ] /10
3. Moving from sitting to standing	[ ][ ] /10
4. Transferring from bed to chair	[ ][ ] /10
5. Walking the length of a football field (100 m / 110 yards)	[ ][ ] /10
6. Climbing 1 flight of stairs (10 steps)	[ ][ ] /10
SUM TOTAL	[ ][ ] /60
FINAL SCORE (sum total / 6)	[ ][ ].[ ]

CYCLE RCT #142 **Plate #053** **Visit #090**

Patient ID ☐☐ 1 ☐☐☐ (site #) (patient #) Coded Patient Initials ☐☐ F L Assessor Initials ☐☐ F L Date of Assessment ☐☐ ☐☐ 2 0 ☐☐ (dd/mm/yyyy)

RESEARCH COORDINATOR ASSESSMENT: ICU DISCHARGE (Form RC 2.2 of 2)

4. EQ-5D: Descriptive System: Today's Perception

☐☐ Reason # not done (specify) ____________________

Instructions: Read the 5 descriptions from each heading *to the patient*
"Under each heading, tick ONE box that best describes your health TODAY"

MOBILITY
- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

SELF-CARE
- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*
- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

PAIN / DISCOMFORT
- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION
- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

5. EQ-5D: Visual Analogue Scale: Today's Perception

☐☐ Reason # not done (specify) ____________________

Instructions: Read to the following to the patient:
"We would like to know how good or bad your health is TODAY."

This scale is numbered from 0 - 100.

100 means the best health you can imagine
0 means the worst health you can imagine

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below."

YOUR HEALTH SCORE TODAY

☐☐☐