



CYCLE Pilot RCT #141

Plate #010

Visit #000

Patient  
ID

		1			
(site #)		(patient #)			

Patient  
Initials

F	L

**BASELINE (Form 3.1 of 3)**

(dd/mm/yyyy)

1. Study hospital admit date

				2	0	1	
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2. Study ICU admit date

				2	0	1	
--	--	--	--	---	---	---	--

3. Intubation date

(most recent intubation  
prior to study enrollment)

				2	0	1	
--	--	--	--	---	---	---	--

Time

		:		
(24h - hr:min)				

☐ Estimate

4. Sex

☐ Female ☐ Male

5. Race / Ethnicity

☐ White ☐ Asian (any) ☐ African-Canadian ☐ Aboriginal  
☐ Other (specify) \_\_\_\_\_

6. Height

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☐ cm ☐ inches

7. Weight (at study enrollment)

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☐ kg ☐ lbs

8. APACHE II Score

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 (Based on first 24 hours of ICU admission)

9. Admission Diagnosis Code (at ICU admission)

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 (If admitted from OR or PARR, code is 48-85)

If "other" diagnosis code selected, specify \_\_\_\_\_

10. Location immediately prior to this ICU admission (check ONE box):

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency room                | <input type="checkbox"/> ICU (other hospital)       |
| <input type="checkbox"/> Hospital ward                 | <input type="checkbox"/> Emergency (other hospital) |
| <input type="checkbox"/> Operating room /Recovery room | <input type="checkbox"/> Ward (other hospital)      |

Other hospital admit date:

				2	0	1	
(dd/mm/yyyy)							

☐ Other (specify) \_\_\_\_\_



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Plate #011

Visit #000

Patient  
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Patient  
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**BASELINE (Form 3.2 of 3)****1. Co-morbid Disease - Charlson Comorbidity Index (C) & Functional Co-morbidity Index (F)**

(check ALL that apply)

**Respiratory**

- ☐ 1C **Chronic pulmonary disease** (incl asthma, COPD, home O<sub>2</sub>)
- ☐ 2F3 Asthma - *also select "Chronic pulmonary disease"*
- ☐ 3F4 Emphysema - *also select "Chronic pulmonary disease"*
- ☐ 4F4 COPD (Chronic Obstructive Pulmonary Disease) - *also select "Chronic pulmonary disease"*
- ☐ 5F4 Prior ARDS/ALI

**Gastrointestinal**

- ☐ 6F12 **Upper gastrointestinal disease** (incl ulcer, hernia, reflux/GERD)
- ☐ 7CF12 Peptic ulcer disease **ONLY** - *also select "Upper GI disease"*

**Neurological**

- ☐ 8C Dementia (any, incl Alzheimer's, multi-infarct)
- ☐ 9F9 Stroke/CVA or TIA (*also select "Hemiplegia" if applicable*)
- ☐ 11C Hemiplegia or paraplegia
- ☐ 10F8 Neurologic (any, incl MS, Parkinson's, uncontrolled seizures **excl.** CVA/TIA & Dementia)

**Endocrine**

- ☐ 12CF11 Diabetes\* **without** end organ damage
- ☐ 13CF11 Diabetes\* **with** end organ (eye, nerve, or kidney) damage

**Infectious Disease**

- ☐ 14C AIDS\* (No positive test for HIV/clinical diagnosis)
- ☐ 15C AIDS\* (Known positive test for HIV)
- ☐ 16C HIV\* (No evidence of AIDS)

**Musculoskeletal**

- ☐ 17F17 Degenerative disc disease (back dz, spinal stenosis or severe chronic back pain)

**Mental Health**

- ☐ 18F13 Depression
- ☐ 19F14 Anxiety or panic disorders

**Cardiac and Vascular**

- ☐ 20CF6 Congestive heart failure (CHF)
- ☐ 21F6 Heart disease (conditions affecting heart muscle, valves, or rhythm)
- ☐ 22CF7 Heart attack or Myocardial Infarction (MI)
- ☐ 23F5 Angina
- ☐ 24CF10 Peripheral vascular (PVD) (claudication, art. bypass, AAA>6cm)

**Renal**

- ☐ 25C Kidney disease\* - *mild* (Creatinine 177 - 265 µmol/L)
- ☐ 26C Kidney disease\* - *moderate or severe* (Creatinine > 265 µmol/L, dialysis, transplant)

**Hematology/ Oncology**

- ☐ 27C Tumor \* (Solid, **with** metastatic disease)
- ☐ 28C Tumor \* (Solid, **without** metastatic disease) (within past 5 years)
- ☐ 29C Leukemia (incl AML, CML, ALL, CLL, polycythemia vera)
- ☐ 30C Lymphoma (incl Hodgkin's & non-Hodgkins, lymphosarcoma, and myeloma)

**Hepatic**

- ☐ 31C Liver disease\* - *mild* (Hep B or C, or cirrhosis w/o portal HTN)
- ☐ 32C Liver disease\* - *moderate or severe* (varices, ascites, encephalopathy)

**Connective Tissue/ Rheumatologic**

- ☐ 33F2 Osteoporosis
- ☐ 34C Connective tissue disease - rheumatoid arthritis **ONLY**, or lupus/SLE, myositis
- ☐ 35F1 Arthritis - rheumatoid or osteoarthritis (*also select above options*)

**Other**

- ☐ 36F15 Visual impairment (e.g., cataracts, glaucoma, macular degeneration)
- ☐ 37F16 Hearing impairment (can't hear conversation even with hearing aids, if any)
- ☐ 38F18 Obesity and/or body mass index > 30kg/m<sup>2</sup>
- ☐ 39 **NONE**

**\*Do not select more than one disease from these related consecutive diseases**



CYCLE Pilot RCT #141

Plate #012

Visit #000

Patient ID   1     
(site #) (patient #)Patient Initials    
F L**BASELINE (Form 3.3 of 3)****Instructions:** Following informed consent, ask the patient or their SDM the following regarding the patient's pre-hospital status**1. Pre-Hospitalization Employment Status** (check the box that best describes the patient's pre-hospital employment status)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Part-time work | <input type="checkbox"/> Retired    | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Full-time work | <input type="checkbox"/> Disability | <input type="checkbox"/> Other (specify) _____ |

**2. Pre-Hospitalization Living Status** Before coming to the hospital, where was the patient living? (check ONE box)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Home (independent)                      | <input type="checkbox"/> Retirement Home                               | <input type="checkbox"/> Inpatient Rehabilitation |
| <input type="checkbox"/> Home (with home care)                   | <input type="checkbox"/> Assisted Living Facility (mostly independent) | <input type="checkbox"/> Other (specify) _____    |
| <input type="checkbox"/> Home (with unpaid caregiver assistance) | <input type="checkbox"/> Chronic Care Facility (incl. Nursing Home)    |   |

**3. Pre-Hospitalization Activities of Daily Living (ADL)** (check ONE box per activity)

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

**4. Pre-Hospitalization Functional Status Score for ICU** (please score each activity below from 0 - 7)

<input type="checkbox"/> Rolling	<input type="checkbox"/> Lie to sit	<input type="checkbox"/> Sit @ EOB	<input type="checkbox"/> Sit to Stand	<input type="checkbox"/> Bed to chair	<input type="checkbox"/> *Walking
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**Scoring:** 0 = Not able to perform      3 = Moderate assistance (subject 50% +)      6 = Modified independence (device)  
1 = Total assistance (subject 0% +)      4 = Minimal assistance (subject 75% +)      7 = Complete independence (timely and safely)  
2 = Maximal assistance (subject 25% +)      5 = Supervision

**Considerations for walking:** \*6 = Modified independence for walking [with device (e.g., cane, walker, adapted shoe) ≥ 150 feet (~1/2 football field)]  
\*7 = Complete independence for walking (no device) ≥ 150 feet (~1/2 football field) in safe and timely manner

**5. Pre-Hospitalization Admission Clinical Frailty Scale** (select ONE category from 1 - 9; score the highest level of frailty (higher numbers). If patients have characteristics of higher descriptors, then score this number)  **SCORE**

- 1 - VERY FIT:** People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
- 2 - WELL:** People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally
- 3 - MANAGING WELL:** People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
- 4 - VULNERABLE:** While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.
- 5 - MILDLY FRAIL:** These people often have **more evident slowing**, and need help in **high order IADLS** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
- 6 - MODERATELY FRAIL:** People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cueing, standby) with dressing.
- 7 - SEVERELY FRAIL:** **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
- 8 - VERY SEVERELY FRAIL:** Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness
- 9 - TERMINALLY ILL:** Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

**Scoring frailty in people with dementia:** The degree of frailty corresponds to the degree of dementia.

Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In **severe dementia**, they cannot do personal care without help.