



CYCLE Pilot RCT #141 Plate #065

Last Study Day

Patient ID 1 (site #) (patient #)

Patient Initials F L

HOSPITAL DISCHARGE: RESEARCH COORDINATOR ASSESSMENT (Form 12.1 of 4)

RC Initials (F, L) Date of Assessment 2 0 1 (dd/mm/yyyy)

1. Activities of Daily Living (ADL) (Review chart; ask the patient the following regarding their current function; check ONE box per activity)

Table with 3 columns: ACTIVITY, INDEPENDENT, and DEPENDENT. Rows include BATHING, DRESSING, GOING to the TOILET, TRANSFER, CONTINENCE, and FEEDING. Each row contains checkboxes and descriptions for both independent and dependent states.

2. Hospital Discharge Clinical Frailty Scale (select ONE category from 1 - 9; score the highest level of frailty (higher numbers). If patient's 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 (cuing, 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.



CYCLE Pilot RCT #141 Plate #066

Last Study Day

Patient ID 1 (site #) (patient #)

Patient Initials F L

HOSPITAL DISCHARGE: RESEARCH COORDINATOR ASSESSMENT (Form 12.2 of 4)

Date of Assessment 2 0 1 (dd/mm/yyyy)

Reason # not done: 1 = Assessor perceives that patient is unable to perform; 2 = Patient or Proxy refusal; 3 = Other assessment prioritized

1. Patient-Reported Functional Scale (Please ask the patient the following questions; insert all activity scores into table below)

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
<input type="text"/> Reason # not done	1. Rolling in bed	<input type="text"/> <input type="text"/> /10
	2. Moving from lying in the bed to sitting at the edge of the bed	<input type="text"/> <input type="text"/> /10
	3. Moving from sitting to standing	<input type="text"/> <input type="text"/> /10
	4. Transferring from bed to chair	<input type="text"/> <input type="text"/> /10
	5. Walking the length of a football field (100 m / 110 yards)	<input type="text"/> <input type="text"/> /10
	6. Climbing 1 flight of stairs (10 steps)	<input type="text"/> <input type="text"/> /10
	SUM TOTAL	<input type="text"/> <input type="text"/>
	FINAL SCORE (sum total / 6)	<input type="text"/> <input type="text"/> . <input type="text"/>



CYCLE Pilot RCT #141 Plate #067

Last Study Day

Patient ID 1 (site #) (patient #)

Patient Initials F L

HOSPITAL DISCHARGE: RESEARCH COORDINATOR ASSESSMENT (Form 12.3 of 4)

Date of Assessment 2 0 1 (dd/mm/yyyy)

Reason # not done: 1 = Assessor perceives that patient is unable to perform; 2 = Patient or Proxy refusal; 3 = Other assessment prioritized

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

Reason # if not done

Instructions: "Under each heading, please 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

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

Reason # if not done

Instructions: Please read the following text below to the patient

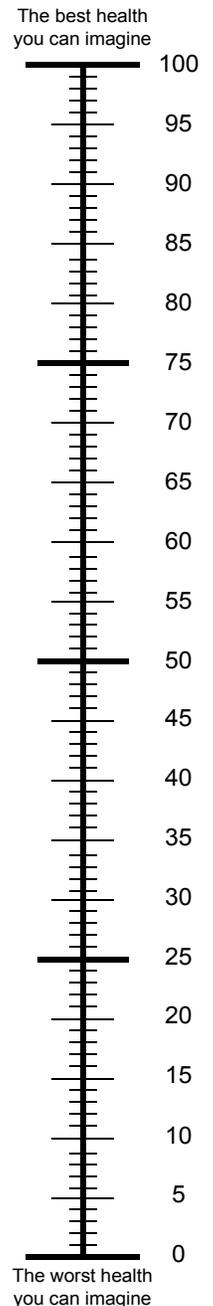
We would like to know how good or bad your health is TODAY.

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



CYCLE Pilot RCT #141 Plate #068

Last Study Day

Patient ID 1 (site #) (patient #)

Patient Initials F L

HOSPITAL DISCHARGE: RESEARCH COORDINATOR ASSESSMENT (Form 12.4 of 4)

Date of Assessment 2 0 1 (dd/mm/yyyy)

Reason # not done: 1 = Assessor perceives that patient is unable to perform; 2 = Patient or Proxy refusal; 3 = Other assessment prioritized

1. EQ-5D: Descriptive System: Pre-Hospital Perception

Reason # if not done

Instructions: "Imagine a normal day before you were admitted to the hospital... Thinking about this day how would you rate your health? Under each heading, please tick ONE box that best describes your health on a normal day."

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

2. EQ-5D: Visual Analogue Scale: Pre-Hospital Perception

Reason # if not done

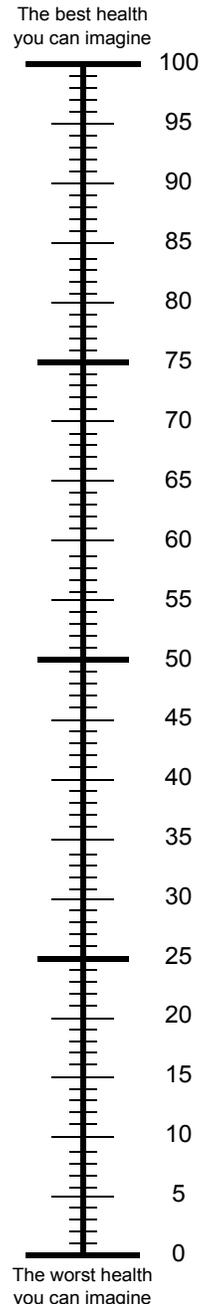
Instructions: Please read the following text below to the patient

Imagine a normal day before you were admitted to the hospital, we would like to know how good or bad your health is on this normal day.

This scale is numbered from 0 - 100. 100 means the best health you can imagine 0 means the worst health you can imagine

Thinking about this day, mark an X on the scale to indicate how you would rate your health on a normal day.

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



YOUR HEALTH SCORE ON A NORMAL DAY