

CYCLE RCT #142

Plate #052

Visit #090

Patient ID (site #) 1 (patient #)

Coded Patient Initials F L

Assessor Initials F L

Date of Assessment (dd/mm/yyyy) 20

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

1. Was the patient alive at ICU discharge?

Yes No (do not collect ADL data; go to 3A)

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

Table with columns: ACTIVITY, INDEPENDENT, DEPENDENT. Rows include BATHING, DRESSING, GOING to the TOILET, TRANSFER, CONTINENCE, FEEDING.

Reason # not done

- 1. Assessment (ax) merged with other ax form/ other timepoint (complete q# 3B)
2. (Intentionally omitted)
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. (Intentionally omitted)
10. (Intentionally omitted)
11. Other assessment prioritized
12. Other (specify)

3A. Any part of assessment completed/ any clinical data

Yes (go to 3B) No (insert reason # not done, if "other", specify) ->

3B. Clinical data should apply to the following timepoints (check all)

ICU Discharge Hospital Discharge

4. 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

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



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Assessor Initials F L [] []

Date of Assessment [] [] [] [] 2 0 [] [] (dd/mm/yyyy)

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

Reason # not done

- 1. Assessment (ax) merged with other ax form/ other timepoint (complete q# 3B)
2. (Intentionally omitted)
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. (Intentionally omitted)
10. (Intentionally omitted)
11. Other assessment prioritized
12. Other (specify)

5. 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

6. 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.

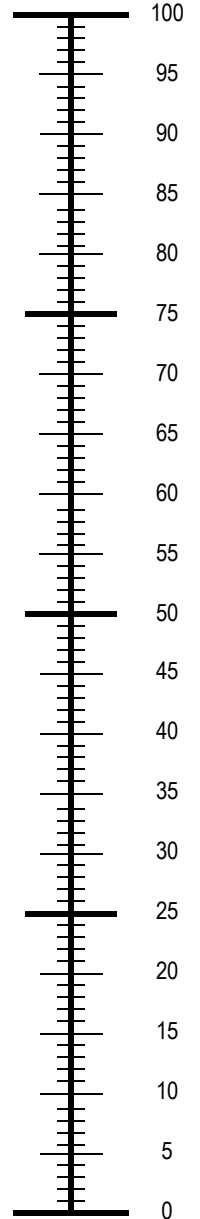
This scale is numbered from 0 - 100.

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.

The best health you can imagine



The worst health you can imagine

YOUR HEALTH SCORE TODAY

[] [] []