



CYCLE RCT #142

Plate #054

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: HOSPITAL DISCHARGE (Form RC 3.1 of 4)

1. Was the patient alive at hospital discharge?

- Yes
No (do not collect ADL and Frailty data; go to 4A)

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

3. Hospital Discharge Admission Frailty Scale (Considering the patient's status at hospital discharge, please select the highest score from the descriptions below from 1 to 9. If the patient has characteristics from higher descriptors, then please report the highest score)

FRAILTY SCORE [] (1-9)



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.



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Plate #055

Visit #090

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

RESEARCH COORDINATOR ASSESSMENT: HOSPITAL DISCHARGE (Form RC 3.2 of 4)

Reason # not done

- | | |
|--|--|
| 1. Assessment (ax) merged with other ax form/ other timepoint (complete q# 4B) | 7. Cognitive issue - patient too sedated/agitated |
| 2. (Intentionally omitted) | 8. Cognitive issue - patient unable to follow commands |
| 3. Patient died prior to reaching timepoint | 9. (Intentionally omitted) |
| 4. Goals of care changed to palliative | 10. (Intentionally omitted) |
| 5. Patient or Proxy refusal | 11. Other assessment prioritized |
| 6. Assessment missed | 12. Other (specify) _____ |

4A. Any part of assessment completed/ any clinical data

Yes (go to 4B)
 No (insert reason # not done, if "other", specify) →
(specify) _____

4B. Clinical data should apply to the following timepoints (check all)

ICU Discharge Hospital Discharge

5. 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?")



ACTIVITY	SCORE
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"/> /60
FINAL SCORE (sum total / 6)	<input type="text"/> <input type="text"/> <input type="text"/>



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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: HOSPITAL DISCHARGE (Form RC 3.3 of 4)

Reason # not done

- | | |
|--|--|
| 1. Assessment (ax) merged with other ax form/ other timepoint (complete q# 4B) | 7. Cognitive issue - patient too sedated/agitated |
| 2. (Intentionally omitted) | 8. Cognitive issue - patient unable to follow commands |
| 3. Patient died prior to reaching timepoint | 9. (Intentionally omitted) |
| 4. Goals of care changed to palliative | 10. (Intentionally omitted) |
| 5. Patient or Proxy refusal | 11. Other assessment prioritized |
| 6. Assessment missed | 12. Other (specify) _____ |

6. 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

7. 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."

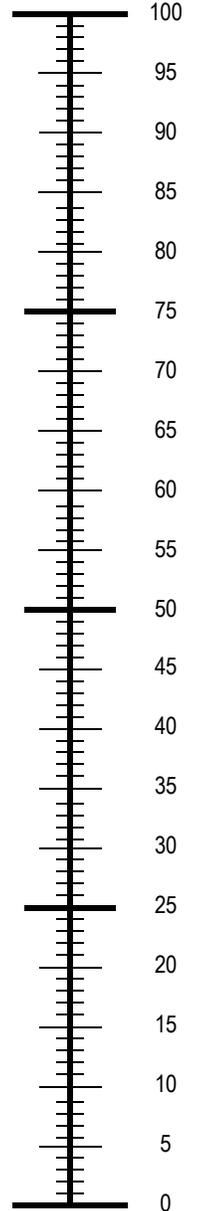
This scale is numbered from 0 - 100.

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



YOUR HEALTH SCORE TODAY



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

RESEARCH COORDINATOR ASSESSMENT: HOSPITAL DISCHARGE (Form RC 3.4 of 4)

Reason # not done

- 1. Assessment (ax) merged with other ax form/ other timepoint (complete q# 4B)
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)

8. EQ-5D: Descriptive System: Pre-hospital perception

[] [] Reason # not done (specify)

Instructions: Read the 5 descriptions from each domain to the patient and ask them to select ONE descriptor.

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

9. EQ-5D: Visual Analogue Scale: Pre-hospital perception

[] [] Reason # not done (specify)

Instructions: Read to the following 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 a 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

[] [] []

