Patient ID [ ][ ][1][ ][ ] (site #) (patient #) Coded Patient Initials [ ][ ] F L Therapist(s) Initials [ ][ ][ ] F M L [ ][ ][ ] F M L **Test Date** [ ][ ][ ][ ][2][0][ ][ ] (dd/mm/yyyy)

STRENGTH AND FUNCTION ASSESSMENT: ICU DISCHARGE (SF2)

Reason # not done

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

1A. Any part of assessment completed/ any clinical data

☐ Yes (go to 1B)
☐ No (insert reason # not done, if "other", specify)→ [ ][ ]
(specify) _____

1B. Clinical data should apply to the following timepoints (check all)

ICU Awakening	ICU Discharge	3 D Post-ICU Discharge	Hospital Discharge
☐	☐	☐	☐

2. STRENGTH (MMT) → Assessor blinded? ☐ Yes ☐ No

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

MUSCLE	RIGHT SCORE	Reason # not done	LEFT SCORE	Reason # not done	MUSCLE	RIGHT SCORE	Reason # not done	LEFT SCORE	Reason # not done
1. *Shoulder Flexion*^{P}	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]	5. Hip Flexion	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]
2. Shoulder Abduction	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]	6. *Knee Extension*^{P}	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]
3. Elbow Flexion	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]	7. Ankle Dorsiflexion	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]
4. Wrist Extension	[ ]/5	[ ][ ]	[ ]/5	[ ][ ]					

3. *SIT TO STAND: ASSISTANCE REQUIRED*^{P} → Assessor blinded? ☐ Yes ☐ No

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

1. *Level of assistance required*^{P} ☐ *0 people* ☐ *1 person* ☐ *2 people (or more)* ☐ *Attempted + unable*
2. Location   ☐ Bed   ☐ Chair → Armrest used? ☐ Yes ☐ No

4. *MARCHING ON THE SPOT: CADENCE*^{P} → Assessor blinded? ☐ Yes ☐ No

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

1. Steps [ ][ ][ ] (#) ☐ *Attempted + unable (if checked, insert score = "0" in "steps")*

2. Time [ ][ ] : [ ][ ] (mm : sec) **=** [ ][ ][ ] (seconds)

3. *Cadence*^{P} [ ][ ][ ] **(steps/min)**

$$Cadence = \frac{Steps (\#)}{Time (seconds)} \times 60$$

Marching on the spot instructions
"Once you are in the standing position, we will ask you to march on the spot. We would like you to march on the spot for as long as you can. We are going to record how long you walk for and how many steps you do. The test is designed to record your maximum exercise ability, so it is very important that you march on the spot for as long as you possibly can."
Give standardized encouragement every 10 seconds: "Keep going for as long as you can", "You're doing very well", "Well done". If applicable (ie retest), then: "Last time you performed the test, you marched for. . and did. . steps."

5. 30 SECOND SIT TO STAND → Assessor blinded? ☐ Yes ☐ No

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

1. Sit to stand repetitions completed [ ][ ] (#) ☐ *Attempted + unable (if checked, insert score = "0" in "sit to stand repetitions completed")*
2. Level of assistance required   ☐ 0 people ☐ 1 person ☐ 2 people (or more)
3. Location   ☐ Bed   ☐ Chair → Armrest used? ☐ Yes ☐ No

6. 2 MINUTE WALK TEST → Assessor blinded? ☐ Yes ☐ No

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

1. Distance *(1 metre = 3.28 feet)*   [ ][ ][ ] (metres) **OR** [ ][ ][ ][ ] (feet) ☐ *Attempted + unable (if checked, insert score = "0" in "distance")*
2. Level of assistance required   ☐ 0 people ☐ 1 person ☐ 2 people (or more)
3. Gait aid used   [ ] [#, 1 = None, 2 = Cane or crutches, 3 = Walker, 4 = Other (specify)] (specify) _____

Comments _____