



CYCLE RCT #142

Plate #010

Visit #000

Patient ID [] [] [1] [] [] (site #) (patient #)

Coded Patient Initials [] [] F L

BASELINE (Form 3A.1 of 2)

TO BE COMPLETED AT THE TIME OF CONSENT WITH SDM/ LAR and/ or PATIENT

Instructions: Ask the patient or their SDM/ LAR the following regarding the patient's pre-hospital status

1. Pre-Hospitalization Employment Status (check ONE box that best describes the patient's pre-hospital employment status)

Part-time work, Full-time work, Retired, Disability, Unknown, Other (specify)

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

Home (independent), Home (with home care), Home (with unpaid caregiver assistance), Retirement Home (independent), Assisted Living Facility (mostly independent), Nursing Home/Long Term Care Facility, Chronic Care Facility/Complex Continuing Care Skilled Nursing Facility, Long Term Acute Care (LTAC), Inpatient Rehabilitation, Acute Care Hospital, Other (specify)

3. Pre-Hospitalization Marital Status (check ONE box)

Single, Married or Common law, Separated or Divorced, Other (specify)

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

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

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

Rolling, Lie to sit, Sit @ edge of bed, Sit to stand, Bed to chair, *Walking. Scoring: 0 = Not able to perform, 1 = Total assistance, 2 = Maximal assistance, 3 = Moderate assistance, 4 = Minimal assistance, 5 = Supervision, 6 = Modified independence (device), 7 = Complete independence (timely and safely)

*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

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Plate #012

Visit #000

Patient ID [] [] [1] [] [] (site #) (patient #)

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BASELINE (Form 3B.1 of 2)

1. Study hospital admit date

[] [] [2] [0] [] []

2. Study ICU admit date and time

[] [] [2] [0] [] []

Time [] [] : [] []

3. Intubation date and time (most recent intubation prior to enrollment)

[] [] [2] [0] [] []

Time [] [] : [] [] (24h - hr:min)

4. Routine PT/rehab initial session assessment in ICU date

[] [] [2] [0] [] []

(dd/mm/yyyy)

5. Sex

[] Female [] Male

6. Height

[] [] [] [] cm [] [] inches

7. Actual weight (ICU admission)

[] [] [] [] kg [] [] lbs

Instructions: Calculate BMI; if > 30 kg/m², please check box "38F18" in "Co-morbid Disease" section on Baseline Form 3B.2
BMI(metric) = weight kg / height² m BMI(imperial) = weight lbs / height² inches X 703
Note: 1 kg = 2.2 lbs; 1 metre = 39.37 inches

8. Race/Ethnicity

[] White [] Hispanic or Latino [] Black or African [] American Indian (North or South) [] Asian (incl. Far East, SE Asia or Indian subcontinent) [] Other (specify)

9. Daily (24 hour) estimated total goal nutritional requirements (review dietician and/or nutritionist consults)

*Note: if reported as a RANGE of values, please use the LOWEST value of the given range

1. Energy (kcal, kJ or other)

[] No data [] [] [] [] (#) [] kcal [] kJ [] Other (specify)

2. Protein (grams or other)

[] No data [] [] [] (#) [] grams [] Other (specify)

10. APACHE II score

(first 24 hours in study ICU) [] [] (#)

11. APACHE III admission diagnosis code

[] [] (#) (If admitted from OR or PARR code should be 48-85; If "other" diagnosis code selected, specify)

12. Chronic Health Index from APACHE, (check ALL that apply)

[] 1. Hepatic failure [] 4. Respiratory failure [] 7. Metastatic cancer (within 5 years) [] 10. AIDS [] 12. NONE (check one)
[] 2. Cirrhosis [] 5. Chronic dialysis (ESRD) [] 8. Leukemia [] 11. Other immunocompromise (chemotherapy, radiotherapy, alcoholism, recent high dose steroids ≥ 15 mg/kg for ≥ 5 days or steroids over last 30 days)
[] 3. Heart failure [] 6. Lymphoma [] 9. Multiple myeloma [] Check if HIV

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

[] Emergency Department [] Other hospital Emergency, admit date: [] [] [] [] [] []
[] Hospital Floor/Ward (including step-down units) [] Other hospital ICU, admit date: [] [] [] [] [] []
[] Other hospital ward, admit date: [] [] [] [] [] []
[] Operating Theatre /Recovery room (specify) [] Emergency Surgery [] [] [] [] [] []
[] Elective Surgery [] Other (specify)



CYCLE RCT #142

Plate #013

Visit #000

Patient ID [] [] [1] [] [] []
(site #) (patient #)

Coded Patient Initials [] []
F L

BASELINE (Form 3B.2 of 2)

14. Co-morbid Disease - Charlson Comorbidity Index (C) & Functional Co-morbidity Index (F) (check ALL that apply)

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

Respiratory

- 1C **Chronic pulmonary disease** (incl asthma, COPD, home O₂)
- 2F3 Asthma - *also check 1C "Chronic pulmonary disease"*
- 3F4 Emphysema - *also check 1C "Chronic pulmonary disease"*
- 4F4 COPD (Chronic Obstructive Pulmonary Disease) - *also check 1C "Chronic pulmonary disease"*
- 5F4 Prior ARDS/ALI

Gastrointestinal

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

Neurological

- 8C Dementia (any, incl Alzheimer's, multi-infarct)
- 9F9 Stroke/CVA or TIA (*also check 11C "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 check above options where applicable*)

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/m²
Refer to Form 3B.1 BMI calculations; check box if necessary)
- 39 **NONE**