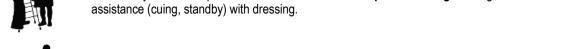
CY	CLE RCT	#142 Plate #010					
Patient ID (site #)	1 patient	Coded Patient Initials F L					
1. Pre-Hospitaliza Part-time w Full-time w 2. Pre-Hospitaliza	the patient or the tion Employment ork ork tion Living Sta	Retired Disability  tus [before coming to the hospital, where was	SENT WITH SDM/ LAR and/ or PATIENT ont's pre-hospital status es the patient's pre-hospital employment status)  Unknown  Other (specify)  the patient living? (check ONE box)]				
Home (independent) Assisted Living Facility (mostly independent) Long Term Acute Care (LTAC)  Nursing Home/Long Term Care Facility Inpatient Rehabilitation  Chronic Care Facility/Complex Continuing Care Retirement Home (independent)  Assisted Living Facility (mostly independent)  Inpatient Rehabilitation  Acute Care Hospital Skilled Nursing Facility Other (specify)							
3. Pre-Hospitaliza Single		atus (check ONE box)  Common law Separated or Divorced [	Other (specify)				
	tion Activities	of Daily Living (ADL) (check ONE box per act	<u> </u>				
ACTIVITY		INDEPENDENT	DEPENDENT				
<b>BATHING</b> (e.g. sponge, shower, or tub)		e only in bathing a single part (as back or extremity) or bathes self completely	Assistance in bathing more than one part of body, or assistance in getting in or out of tub, or does not bathe self				
DRESSING	outer garn	es from closets and drawers, and puts on clothes, nents and braces, and manages fasteners g shoes excluded)	Does not dress self, or remains partially undressed				
GOING to the TOILET	leans org	let, gets on-and-off toilet, arranges clothes, and ans of excretion (may manage own bedpan used d may not be using mechanical supports)	Uses bedpan or commode, or receives assistance in getting to and using toilet				
TRANSFER		and out of bed independently, and moves in and out pendently (may or may not use mechanical supports					
CONTINENCE	Urination a	and defecation entirely self-controlled	Partial or total incontinence in urination or defecation, or partial or total control by enemas, catheters, or regulated use of urinals &/or bedpans				
FEEDING		from plate or its equivalent into mouth. Note: Precut and preparation of food, as buttering bread are exclud					
5. Pre-Hospitalization Functional Status Score for ICU (please score each activity below from 0 - 7)							
Rolling		Scoring	*Considerations for walking				
Lie to s		0 = Not able to perform 1 = Total assistance (subject 0% +)	*6 = Modified independence for walking [with device (e.g., cane walker, adapted shoe) ≥ 150 feet (~1/2 football field)]				
Sit @ e	edge of bed	, , ,	*7 = Complete independence for walking (no device) ≥ 150 feet (~1/2 football field) in safe and timely manner)				
Sit to s	,						
Bed to chair		5 = Supervision 6 = Modified independence (device)					
*Walking		7 = Complete independence (timely and safely)					

CYCLE RC	<b>■ ■ ■  </b> T #142	Plate #011 Visit #000
Patient (site #) 1 (patie	,	S LLL F L BASELINE (Form 3A.2 of 2)
Considering the patient's pr	ion Frailty Scale nt's baseline healt re-hospital admiss	completed at the time of consent with spin/ Lar and/ or patient  h status from 2 weeks before ICU admission  ion status, please select the highest score from the descriptions below from 1 to 9.  descriptors, then please report the highest score.
		<ol> <li>VERY FIT: People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</li> </ol>
		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
SCORE	3	B. MANAGING WELL: People whose medical problems are well controlled, but are not regularly active beyond routine walking.
		VULNERABLE: While <b>not dependent</b> on others for daily help, often <b>symptoms limit activities.</b> A common complaint is being "slowed up",and/or being tired during the day.
		MILDLY FRAIL: These people often have more evident slowing, and need help in high order IADLS (finances, transportation, heavy housework, medications). Typically, mild frailty progressive 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.





6. P

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 RCT #142	Plate #012 Visit #000
F	Patient ID (site #) (patient #)	Initials F L  BASELINE (Form 3B.1 of 2)
1.	Study hospital admit date	
2.	Study ICU admit date and time	Time :: :
3.	Intubation date and time (most recent intubation prior to enrollment)	Time (24h - hr:min)
4.	Routine PT/rehab inital session assessment in ICU date	(dd/mm/yyyy)
5.	Sex	Female Male
6.	Height	Instructions: Calculate BMI; if > 30 kg/m², please check box "38F18" in "Co-morbid Disease" section on Baseline Form 3B.2
7.	Actual weight (ICU admission)	$BMI_{(metric)} = \frac{\text{weight }_{kg}}{\text{height}^2_{m}} BMI_{(imperial)} = \frac{\text{weight }_{lbs}}{\text{height}^2_{inches}} \times 703$ $Note: 1 \text{ kg} = 2.2 \text{ lbs; } 1 \text{ metre} = 39.37 \text{ inches}$
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.		I nutritional requirements (review dietician and/or nutritionist consults) ues, please use the <u>LOWEST</u> value of the given range
	Energy (kcal, kJ or other)     No data	(#) kcal Start Sta
	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 APACH	
		iratory failure 7. Metastatic cancer 10. AIDS 12. NONE (check one) nic dialysis (ESRD) 8. Leukemia 11. Other immunocompromise (chemotherapy, radiotherapy,
	3. Heart failure 6. Lymp	alcoholism, recent high dose steroids ≥ 15 mg/kg for ≥ 5 days
13.	Location immediately prior to thi  Emergency Department  Hospital Floor/Ward (including step-down units)	
	Operating Theatre /Recovery room (specify)	Elective Surgery  Other (specify)

1	CYCLE RCT #142 Plate #013		Visit #000						
Patient ID (s	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)									
* = D	o not select more than one disease from these related conse	cutive dis	eases						
	Respiratory		Cardiac and Vascular						
1C	$\textbf{Chronic pulmonary disease} \ (\text{incl asthma}, \ COPD, \ home \ O_2)$	20CF6	Congestive heart failure (CHF)						
2F3	Asthma - also check 1C "Chronic pulmonary disease"	21F6	Heart disease (conditions affecting heart muscle, valves, or rhythm)						
3F4	Emphysema - also check 1C "Chronic pulmonary disease"	22CF7	Heart attack or Myocardial Infarction (MI)						
4F4	COPD (Chronic Obstructive Pulmonary Disease) - also	23F5	Angina						
5F4	check 1C "Chronic pulmonary disease"  Prior ARDS/ALI	24CF10	Peripheral vascular (PVD) (claudication, art. bypass, AAA>6cm)						
JF4	I IIII ARDO/ALI		Renal						
	Gastrointestinal	050	*Kidney disease - <i>mild</i> (Creatinine 177 - 265 µmol/L)						
6F12	Upper gastrointestinal disease (incl ulcer, hernia, reflux/GERD)	25C 26C	*Kidney disease - moderate or severe						
7CF12	Peptic ulcer disease ONLY - also check 6F12 "Upper GI disease"	,200	(Creatinine > 265 µmol/L , dialysis, transplant)						
	Neurological		Hematology/ Oncology						
8C	Dementia (any, incl Alzheimer's, multi-infarct)	27C	*Tumor (Solid, with metastatic disease)						
9F9	Stroke/CVA or TIA (also check 11C "Hemiplegia" if applicable)	28C	*Tumor (Solid, without metastatic disease) (within past 5 years)						
11C	Hemiplegia or paraplegia	29C	Leukemia (incl AML, CML, ALL, CLL, polycythemia vera)						
10F8	Neurologic (any, incl MS, Parkinson's, uncontrolled seizures <b>excl</b> . CVA/TIA & Dementia)	30C	Lymphoma (incl Hodgkin's & non-Hodgkins, lymphosarcoma, and myeloma)						
	Endocrine		Hepatic						
12CF11	*Diabetes without end organ damage	31C	*Liver disease - mild (Hep B or C, or cirrhosis w/o portal HTN)						
13CF11	*Diabetes <u>with</u> end organ (eye, nerve, or kidney) damage	32C	*Liver disease - moderate or severe (varices, ascites, encephalopathy)						
	Infectious Disease		Connective Tissue/ Pheumatelogie						
14C	*AIDS (No positive test for HIV/clinical diagnosis)	2250	Connective Tissue/ Rheumatologic Osteoporosis						
15C	*AIDS (Known positive test for HIV)	33F2 34C	Connective tissue disease - rheumatoid arthritis ONLY,						
16C	*HIV (No evidence of AIDS)	34C	or lupus/SLE, myositis						
	Musculoskeletal	35F1	Arthritis - rheumatoid or osteoarthritis (also check above options where applicable)						
17F17	Degenerative disc disease (back dz, spinal stenosis or severe chronic back pain)		Other						
	Mental Health	36F15	Visual impairment (e.g., cataracts, glaucoma, macular degeneration)						
18F13	Depression	37F16	Hearing impairment (can't hear conversation even with						
19F14	Anxiety or panic disorders		hearing aids, if any)						
195 14	rainity of particulations	38F18	Obesity and/or body mass index > 30kg/m <sup>2</sup> Refer to Form 3B.1 BMI calculations; check box if necessary)						

39 NONE