



GO SAFE Study

**DATA COLLECTION SHEET**  
**CRF 6M**  
**FOLLOW UP AT 6 MONTHS (+/- 2 weeks)**

Center ID: \_\_\_\_\_

Patient code: \_\_\_\_\_

Date of evaluation (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

180 day mortality  No  Yes Date of death (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

(If Yes specify cause of death: \_\_\_\_\_ and living situation at that time  home independent  home with family/care giver  residential care  in-hospital  Medicine/Rehabilitation facility)

Living situation:  home independent  home with family/care giver  residential care  in-hospital  Medicine/Rehabilitation facility

Has the patient been enrolled in a Rehabilitation program?  Yes (home/outpatient)  Yes (Rehab facility)  No

Did the patient receive any postoperative nutritional supplement?  Yes ( Oral  Enteral  Parenteral)  No

Postoperative chemotherapy:  Yes  No

If yes specify start date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_ end date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

Unplanned interruption of treatment  Yes  No

Postoperative radiation therapy:  Yes  No

If yes specify start date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_ end date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

Unplanned interruption of treatment  Yes  No

Geriatrician involved in postoperative care?  Yes  No



## NUTRITIONAL RISK SCREENING

Weight in kg: \_\_\_\_ . \_\_\_\_ Height in cm: \_\_\_\_ . \_\_\_\_ BMI: \_\_\_\_ (weight/height x height)

<p><b>Mildly impaired nutritional status:</b></p> <p>&gt;5% weight loss in 3 months or food intake below 50-75% of normal requirement in preceding week</p> <p><b>Moderately impaired nutritional status:</b></p> <p>&gt;5% weight loss in 2 months or BMI 18.5-20.5 + impaired general condition or food intake 25-60% of normal requirement in preceding week</p> <p><b>Severely impaired nutritional status:</b></p> <p>&gt;5% weight loss in 1 month (&gt;15% in 3 months) or BMI &lt;18.5 + impaired general condition or food intake 0-25% of normal requirement in preceding week</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 5px;">Nutritional Status</th> <th style="padding: 5px;">Score</th> </tr> <tr> <td style="padding: 5px;">Normal</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="padding: 5px;">Mildly impaired</td> <td style="padding: 5px;">1</td> </tr> <tr> <td style="padding: 5px;">Moderately impaired</td> <td style="padding: 5px;">2</td> </tr> <tr> <td style="padding: 5px;">Severely impaired</td> <td style="padding: 5px;">3</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Instructions: circle appropriate score</p>	Nutritional Status	Score	Normal	0	Mildly impaired	1	Moderately impaired	2	Severely impaired	3
Nutritional Status	Score										
Normal	0										
Mildly impaired	1										
Moderately impaired	2										
Severely impaired	3										

<b>TUG test first trial</b> _____ (sec)	<b>TUG test second trial</b> _____ (sec)
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### 180 day morbidity (Clavien-Dindo)

Complications	Gr I	Gr II	Gr IIIa	Gr IIIb	Gr IVa	Gr IVb	Gr V	d
Respiratory								
Cardiac								
Renal								
Neurological								
Nutritional								
Pressure sores								



## GO SAFE Study

Analgesic problems								
Delirium								
Wound								
Others								

Gr = grade

d= if the patient suffers from the complication at the time of discharge



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**EQ-5D-3L**

**VAS\***

**ADL**

MOBILITY	I have no problems in walking about	1	<p>Your health today:</p>
	I have some problems in walking about	2	
	I am confined to bed	3	
SELF-CARE	I have no problems with self care	1	
	I have some problems washing or dressing myself	2	
	I am unable to wash or dress myself	3	
USUAL ACTIVITIES	I have no problems with performing my usual activities	1	
	I have some problems with performing my usual activities	2	
	I am unable to do my usual activities	3	
PAIN/ DISCOMFORT	I have no pain or discomfort	1	
	I have moderate pain or discomfort	2	
	I have extreme pain or discomfort	3	
ANXIETY/ DEPRESSION	I am not anxious or depressed	1	
	I am moderately anxious or depressed	2	
	I am extremely anxious or depressed	3	

BATHING	<p><b>I</b> = Receives no assistance (gets in and out of bath or shower by self if bath is usual means of bathing)</p> <p><b>I</b> = Receives assistance in bathing only one part of the body (such as back or leg)</p> <p><b>D</b> = Receives assistance in bathing more than one part of the body (or not bathed)</p>
DRESSING	<p><b>I</b> = Gets clothes and gets completely dressed without assistance</p> <p><b>I</b> = Gets clothes and gets completely dressed without assistance except for assistance in tying shoe laces</p> <p><b>D</b> = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed</p>
TOILET	<p><b>I</b> = Goes to "toilet room", cleans self, and arranges clothes without assistance (may use object for support such as cane, walk frame, or wheelchair and may manage night bedpan or commode, emptying same in morning)</p> <p><b>D</b> = Receives assistance in going to "toilet room" or in cleaning self or in arranging clothes after elimination or in use of night bedpan or commode</p> <p><b>D</b> = Doesn't go to room termed "toilet" for the elimination process</p>
TRANSFER	<p><b>I</b> = Moves in and out of bed as well as in and out of chair without assistance (may be using object for support such as cane or walk frame)</p> <p><b>D</b> = Moves in and out of bed or chair with assistance</p> <p><b>D</b> = Doesn't get out of bed</p>
CONTINENCE	<p><b>I</b> = Controls urination and bowel movement completely by self</p> <p><b>D</b> = Has occasional "accidents"</p> <p><b>D</b> = Needs supervision for urine or bowel control; catheter is used, or is incontinent</p>

\* We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. Mark an X on the scale to indicate how your health is TODAY. 100 means the best health you can imagine 0 means the worst health you can imagine.



## Mini-Cog

### Step 1: Three Word Registration

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Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.<sup>1,3</sup> For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

### Step 2: Clock Drawing

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Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

### Step 3: Three Word Recall

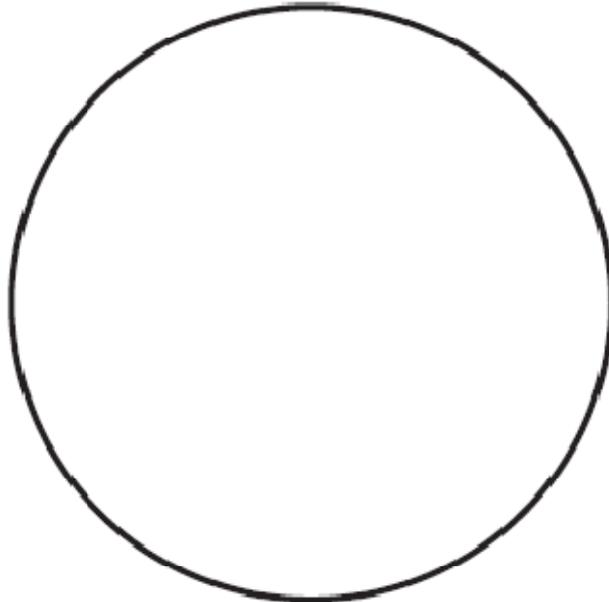
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Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_



## Mini-Cog (Clock Drawing)



### Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (tt10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.



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## ECOG Performance Status

Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
5	Dead