



GO SAFE Study

DATA COLLECTION SHEET

CRF B

Baseline evaluation

Center ID: _____

Patient code: _____

Date of birth (dd/mm/yyyy): ____/____/____

Sex: Male Female

Living situation: home independent home with family/care giver residential care

Polipharmacotherapy (total number of medications): _____

History of falls in the 6 months prior to the operation No Yes (total number _____)

Previous delirium during illness or hospital admission: Yes No

Smoking habit: Yes No (former) No (never)

Preoperative chemotherapy: Yes No

Preoperative radiation therapy: Yes No

Geriatrician involved in preoperative management? Yes No

PREOPERATIVE SCREENING

TUG test first trial _____ (sec)	TUG test second trial _____ (sec)
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ASA score (1-5)	
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LABs

Albumin ____ (g/dL)	Haemoglobin ____,__ (g/L)	Creatinin ____,__ (mg/dL)
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Age adjusted Charlson Comorbidity Index

Condition	Pts
Age <50	0
Age 50-59	1
Age 60-69	2
Age 70-79	3
Age 80-89	4
Age 90-99	5
Myocardial Infarction	1
Congestive Heart Failure	1
Periferal Vascular Disease or by-pass	1
Cerebrovascular disease of transient ischaemic disease	1
Hemiplegia	2
Pulmonary disease/asthma	1
Diabetes	1
Diabetes with end organ damage	2
Renal disease	2
Mild liver disease	2
Severe liver disease	3
Gastric or peptic ulcer	1
Cancer (lymphoma, leukemia, solid cancer)	2
Metastatic solid cancer	6
Dementia or Alzheimer's	1
Rheumatic or connective tissue disease	1
HIV or AIDS	6
Hypertension	1
Skin ulcers/cellulitis	1
Depression	1
Warfarin	1
TOTAL SCORE (0-42)	

Flemish version of Triage Risk Screening Tool

	Score	
	Yes	No
Presence of cognitive impairments (disorientation, dementia, delirium)	2	0
Lives alone or no caregiver, willing, or able	1	0
Difficulty with walking, or transfer, or fall(s) in the last 6 months	1	0
Hospitalized in the last 3 months	1	0
Polipharmacy > 5 medications	1	0
TOT		

G-8

Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing, or swallowing difficulties?	0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake
Weight loss during the last 3 months?	0 = weight loss >3 kg 1 = does not know 2 = weight loss between 1 and 3 kg 3 = no weight loss
Mobility?	0 = bed or chair bound 1 = able to get out of bed/ chair but does not go out 2 = goes out
Neuropsychological problems?	0 = severe dementia or depression 1 = mild dementia or depression 2 = no neuropsychological problems
BMI?	0 = BMI < 18,5 1 = BMI 18,5 to <21 2 = BMI 21 to <23 3 = BMI ≥23
Takes more than three prescription drugs per day?	0 = yes 1 = no
In comparison with other people of the same age, how does the patient consider his/her health status?	0.0 = not as good 0.5 = does not know 1.0 = as good 2.0 = better
Age	0 = >85 1 = 80-85 2 = <80
Total Score (0-17)	



GO SAFE Study

EQ-5D-3L

VAS*

ADL

MOBILITY	I have no problems in walking about	1	<p>Your health today:</p> <div style="text-align: center;"> <p>The best health</p> <div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div> <p>The worst health you can imagine</p> </div>
	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>I = Receives no assistance (gets in and out of bath or shower by self if bath is usual means of bathing)</p> <p>I = Receives assistance in bathing only one part of the body (such as back or leg)</p> <p>D = Receives assistance in bathing more than one part of the body (or not bathed)</p>
DRESSING	<p>I = Gets clothes and gets completely dressed without assistance</p> <p>I = Gets clothes and gets completely dressed without assistance except for assistance in tying shoe laces</p> <p>D = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed</p>
TOILET	<p>I = 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>D = 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>D = Doesn't go to room termed "toilet" for the elimination process</p>
TRANSFER	<p>I = 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>D = Moves in and out of bed or chair with assistance</p> <p>D = Doesn't get out of bed</p>
CONTINENCE	<p>I = Controls urination and bowel movement completely by self</p> <p>D = Has occasional "accidents"</p> <p>D = 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

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.^{1,3} 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

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.

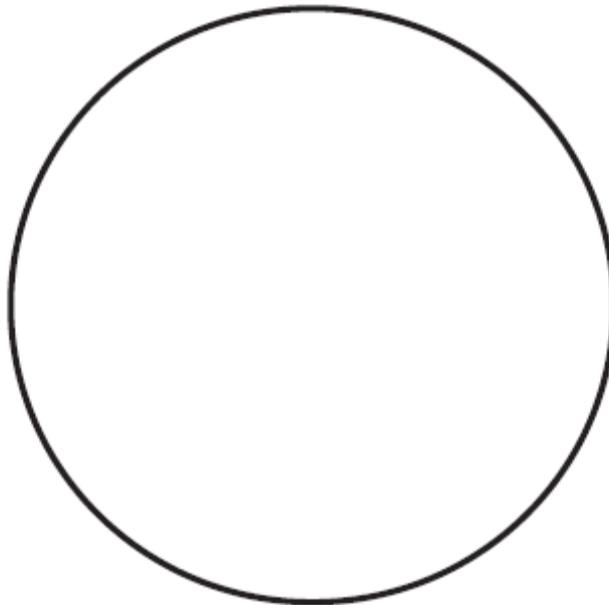
Step 3: Three Word Recall

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 (11:10). 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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NUTRITIONAL RISK SCREENING

Weight in kg: ____ . ____ Height in cm: ____ . ____

BMI: ____ (weight/height x height)

<p>Mildly impaired nutritional status:</p> <p>>5% weight loss in 3 months or food intake below 50-75% of normal requirement in preceding week</p> <p>Moderately impaired nutritional status:</p> <p>>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>Severely impaired nutritional status:</p> <p>>5% weight loss in 1 month (>15% in 3 months) or BMI <18.5 + impaired general condition or food intake 0-25% of normal requirement in preceding week</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Nutritional Status</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Normal</td> <td>0</td> </tr> <tr> <td>Mildly impaired</td> <td>1</td> </tr> <tr> <td>Moderately impaired</td> <td>2</td> </tr> <tr> <td>Severely impaired</td> <td>3</td> </tr> </tbody> </table> <p style="text-align: center;">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										

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

* As published in Am. J. Clin. Oncol.:
 Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.:
 Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol
 5:649-655, 1982.