

# Subject ID

Record ID

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# Enrollment (Initial) Data

Form completion date \_\_\_\_\_

Is patient being admitted to the ICU for a primary respiratory problem, and expected to require ICU care >48 hours?

- Yes  
 No  
 (may or may not be on mechanical ventilation)

Patient is on mechanical ventilation (does not include non-invasive ventilation or Bipap)?

- Yes  
 No

## Basic Demographics

Proxy available for patient?

- Yes  
 No

Proxy assent for study?

- Yes  
 No

Attending assent for study?

- Yes  
 No

age \_\_\_\_\_

gender at birth

- Male  
 Female  
 not reported

Hispanic/Latino

- not hispanic or latino  
 hispanic or latino  
 don't know  
 refused

Race

- American Indian or Alaskan Native  
 Asian  
 Black or African-American  
 Native Hawaiian or other Pacific Islander  
 White  
 More than one race  
 Don't know  
 Refused

Exclusion Criteria (check all that apply)

- Age < 18 or >90  
 Presence of untreated or uncontrolled malignancy  
 Current immunosuppressive drugs (i.e. Prednisone >20mg/daily, DMARDs, myelosuppressive agents, chemotherapy)  
 Autoimmune disease that is untreated or uncontrolled  
 Currently pregnant  
 Currently prisoner or incarcerated  
 non-English speaking  
 patient unlikely to survive >48 hours or who is on comfort measures  
 patient with Hct < 24% or actively bleeding (excluded from blood draws ONLY)  
 (If any of the above are present, STOP, patient ineligible )

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**Baseline Demographics and Vital Signs**

Hospital Admission Date \_\_\_\_\_  
(to ORIGINAL hospital)

Hospital Admission Date \_\_\_\_\_  
(to THIS hospital)

ICU Admission Date \_\_\_\_\_

Height \_\_\_\_\_  
(in centimeters)

weight \_\_\_\_\_  
(in kilograms)

Body Mass Index \_\_\_\_\_

Temperature \_\_\_\_\_  
(Degrees C)

Admission Systolic BP \_\_\_\_\_  
(mmHg)

Admission Diastolic BP \_\_\_\_\_  
(mmHg)

Admission MAP \_\_\_\_\_

Cardiovascular SOFA Score  
 MAP  $\geq$  70  
 MAP  $<$  70mmHg  
 Dopamine  $\leq$  5 or Dobutamine (any dose)  
 Dopamine  $>$  5 OR Norepi  $\leq$  0.1 OR Epi  $\leq$  0.1  
 Dopamine  $>$  15 OR Norepi  $>$  0.1 OR Epi  $>$  0.1  
 (highest dose med after volume resuscitation)

Admission Heart Rate \_\_\_\_\_

Admission Respiratory Rate \_\_\_\_\_

Admission SaO<sub>2</sub>, % \_\_\_\_\_  
(Pulse Oximetry)

Admission FiO<sub>2</sub> \_\_\_\_\_  
(in percent)

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**Respiratory/Ventilator Status**

Date Mechanical Ventilation Initiated \_\_\_\_\_

Mechanical Ventilation Mode  
 Assist Control  
 Pressure Control  
 Pressure-regulated, volume control  
 (Initial or first ventilator mode)

Tidal Volume (initial recorded) \_\_\_\_\_  
(in mL, set on ventilator)

Respiratory Rate (set) \_\_\_\_\_  
(set on ventilator)

Peak Pressure \_\_\_\_\_  
(initial value recorded)

Plateau pressure \_\_\_\_\_  
(Initial value recorded)

Driving Pressure \_\_\_\_\_  
(In patients on pressure control ventilation)

PEEP \_\_\_\_\_  
(set on ventilator)

FiO2 set on ventilator \_\_\_\_\_

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### Past Medical History and Current History

Presumed PRIMARY Cause of Respiratory Failure

- infection, viral
- infection, bacterial
- aspiration
- pulmonary edema
- alveolar hemorrhage
- acidosis
- intoxication
- other

Presumed SECONDARY Cause of Respiratory Failure

- infection, viral
- infection, bacterial
- aspiration
- pulmonary edema
- alveolar hemorrhage
- acidosis
- intoxication
- other  
(if applicable)

SIRS/Sepsis Categorization

- no evidence of SIRS or Sepsis
- SIRS criteria present, no infection
- sepsis (SIRS+probable infection, no organ dysfunction)
- severe sepsis (sepsis + organ dysfunction)
- septic shock (sepsis + organ dysfunction + hypotension unresp to IVF)  
(During 1st 24 hours in ICU)

Primary Infectious Site

- none
- pulmonary
- intra-abdominal
- genitourinary
- skin/soft tissue/wound
- central nervous system
- vascular device
- endocarditis
- unknown

Secondary Infectious Site

- none
- pulmonary
- intra-abdominal
- genitourinary
- skin/soft tissue
- central nervous system
- vascular device
- endocarditis
- unknown

Chronic conditions present at admission

- Diabetes
  - Congestive heart failure
  - Chronic obstructive pulmonary disease
  - Asthma
  - Coronary artery Disease
  - Cirrhosis
  - Cerebrovascular Disease
  - Chronic kidney Disease
  - End Stage Renal Disease on Dialysis
  - Cancer
- (choose all that apply)

Mental Health Issues Present on Admission

- none
  - Depression
  - Bipolar Disorder
  - Schizophrenia
  - Alcohol Abuse
  - Substance Abuse
  - Prescription Drug Abuse
- (Based on patient history)

Nervous System SOFA Score

- GCS >14
  - GCS 13-14
  - GCS 10-12
  - GCS 6-9
  - GCS < =5
- (lowest score of 24 hour period)

Home medications

- none
  - beta-blocker
  - ACE inhibitor or ARB
  - diuretic
  - statin
  - aspirin
  - oral hypoglycemic
  - insulin
  - anticoagulation
  - anti-psychotic
  - benzodiazepine
  - narcotic
  - anti-seizure (any kind)
  - antibiotic (any kind)
  - other
- (check all that apply)

other med class

\_\_\_\_\_

By chart review (e.g. social history), is patient considered to have alcoholism/alcohol abuse?

- Yes
- No

Number of years abusing alcohol

\_\_\_\_\_

By chart review (e.g. social history), does patient have drug abuse problem?

- Yes
- No

- Type(s) of drugs abused
- marijuana or cannabis products  
 narcotics (e.g. heroin)  
 methamphetamines  
 cocaine  
 prescription pain medicines (e.g. Oxycontin)  
 prescription anxiety medicines (e.g. Xanax)  
 other  
(Current drugs of abuse)
- By chart review (e.g. social history), does patient currently smoke cigarettes?
- Yes  
 No
- Is patient a former smoker?
- Yes  
 No
- Approximate pack-year history of smoking
- \_\_\_\_\_ (packs per day x total years of smoking)

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### Baseline (Admission) Laboratory Values

- Arterial Blood Gas pH
- \_\_\_\_\_ (within 24 hours of ICU admission )
- Arterial Blood Gas pCO<sub>2</sub>
- \_\_\_\_\_ (within 24 hours of ICU admission )
- Arterial Blood Gas pO<sub>2</sub>
- \_\_\_\_\_ (within 24 hours of ICU admission )
- Arterial Blood Gas FiO<sub>2</sub>
- \_\_\_\_\_ (At the time of ABG)
- Respiratory System SOFA Score
- PaO<sub>2</sub>/FiO<sub>2</sub> ≥ 400  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 400  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 300  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 200 and mechanically ventilated  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 100 and mechanically ventilated  
(lowest score of 24 hour period)
- WBC Count
- \_\_\_\_\_ (Day of ICU Admission)
- Hematocrit
- \_\_\_\_\_ (Day of ICU Admission)
- Hemoglobin
- \_\_\_\_\_ (Day of ICU Admission)
- Platelets
- \_\_\_\_\_ (Day of ICU Admission)
- Coagulation SOFA Score
- Platelets ≥ 150  
 Platelets < 150 but ≥ 100  
 Platelets < 100 but ≥ 50  
 Platelets < 50 but ≥ 20  
 Platelets < 20
- Mean Corpuscular Volume (MCV)
- \_\_\_\_\_ (Day of ICU Admission)
- Sodium
- \_\_\_\_\_ (Day of ICU Admission)

Potassium	<hr/>
	(Day of ICU Admission)
Chloride	<hr/>
	(Day of ICU Admission)
Bicarbonate (serum)	<hr/>
	(Day of ICU Admission)
AST	<hr/>
	(Day of ICU Admission)
ALT	<hr/>
	(Day of ICU Admission)
Total Bilirubin	<hr/>
	(Day of ICU Admission)
Liver SOFA Score	<input type="radio"/> TBili > 1.9 <input type="radio"/> TBili 1.2-1.9 <input type="radio"/> TBili 2.0-5.9 <input type="radio"/> TBili 6.0-11.9 <input type="radio"/> TBili >= 12.0 (highest value of the day)
Alkaline Phosphatase	<hr/>
	(Day of ICU Admission)
Albumin	<hr/>
	(Day of ICU Admission)
Total Protein	<hr/>
	(Day of ICU Admission)
Blood Urea Nitrogen	<hr/>
	(Day of ICU Admission)
Creatinine	<hr/>
	(Day of ICU Admission)
Renal SOFA Score	<input type="radio"/> Cr < 1.2 <input type="radio"/> Cr 1.2-1.9 <input type="radio"/> Cr 2.0-3.4 <input type="radio"/> Cr 3.5-4.9 <input type="radio"/> Cr >= 5.0 (highest value of the day)
Lactate	<hr/>
	(Day of ICU Admission)
Blood alcohol level	<hr/>
	(Day of ICU Admission)
Urine toxicology	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Narcotics <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Alcohol <input type="checkbox"/> Negative (nothing detected) (On admission)
APACHE II Score, Day 1 of Hospitalization	<hr/>

SOFA Score on Day 1 of Hospitalization

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Initial CXR, quadrants involved

- one
- two
- three
- four

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**Contact Information (Sensitive)**

Name of proxy/LAR providing assent

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Proxy/LAR contact phone #

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Subject name

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Subject contact phone

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Subject MRN

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# Proxy Survey

Does this apply to the subject?

- Yes  
 No

Date of interview/examination:

\_\_\_\_\_

How long have you known this patient?

- less than 6 months  
 between 6 months-1 year  
 between 1 year-5 years  
 between 5 years-10 years  
 longer than 10 years

How would you describe your relationship with this patient?

- spouse or life partner  
 parent  
 child  
 sibling  
 friend  
 other

How often do you physically (in person) see this patient?

- daily  
 at least once per week  
 at least once per month  
 at least once per year  
 less than once per year

In the following questions, "you" refers to your family member, friend, or loved one that you are associated with who is hospitalized. It does NOT refer to you personally or your habits.

During the last 12 months, did you (your loved one, family member, friend) have a drink containing alcohol?

- Yes  
 Not in the last 12 months  
 He/she has never had a drink EVER

**AUDIT: 12 month use of alcohol history for PATIENT**

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often do you have six or more drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often during the last year have you found that you were not able to stop drinking once you started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you or someone else been injured because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Audit Score

\_\_\_\_\_

**SMAST: lifetime alcohol use FOR PATIENT**

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. Do you feel you are a normal drinker?   | <input type="radio"/> | <input type="radio"/> |
| 2. Do friends or relatives think that you are a normal drinker?  | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?  | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever lost friends or girlfriends/boyfriends/family/spouses? because of drinking?                                       | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever gotten into trouble at work because of drinking?  | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?    | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking? | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever gone to anyone for help about your drinking?  | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever been in the hospital because of drinking?   | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever been arrested for drunk driving or driving after drinking?   | <input type="radio"/> | <input type="radio"/> |

Total SMAST Score \_\_\_\_\_

Alcohol Binge Use: During the last 12 months, how often did you (meaning PATIENT) have 5 or more (males) or 4 or more (females) drinks containing any kind of alcohol within a two-hour period?

- Every day
- 5 - 6 times a week
- 3 - 4 times a week
- twice a week
- once a week
- 2 - 3 times a month
- once a month
- 3 - 11 times in the past year
- 1 or 2 times in the past year
- Never

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**Questions related to cigarette smoking history that you know of for the PATIENT**

Would you consider yourself:

- An Every-Day Smoker?  
 A Some-Day Smoker?  
 A Former Smoker  
 A Never Smoker

On average, about how many cigarettes do you now smoke each day?

\_\_\_\_\_

How many years have you smoked (any amount)?

\_\_\_\_\_

On how many of the past 30 days did you smoke cigarettes?

\_\_\_\_\_

On - average, on those [NUMFILL] days, how many cigarettes did you usually smoke each day?

\_\_\_\_\_

How many years have you smoked (any amount)?

\_\_\_\_\_

Have you EVER smoked cigarettes EVERY DAY for at least 6 months?

- Yes  
 No  
 Don't know  
 Refused

When you last smoked every day, on average how many cigarettes did you smoke each day?

\_\_\_\_\_

When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?

\_\_\_\_\_

How many years did you smoke (any amount)?


\_\_\_\_\_

The following are questions about the use of legal and illegal drugs used by the PATIENT, not by you personally. All answers are confidential, so please be honest.

I have used sedatives

- Yes  
 No

Sedatives

- Sleeping pills  
 Barbiturates  
 Seconal   
 Quaaludes  
 Chloral hydrate  
 Other



Specify:

\_\_\_\_\_

I have used tranquilizers or anti-anxiety drugs

- Yes  
 No

Tranquilizers or anti-anxiety drugs

- Valium   
 Librium   
 Ativan  
 Xanax  
 Chlorazepate  
 Other

Specify:

\_\_\_\_\_

I have used prescription painkillers

- Yes  
 No

Painkillers

- Codeine
- Darvon
- Percodan
- Oxycontin
- Dilaudid
- Demerol
- Celebrex or Vioxx
- Other

Specify

\_\_\_\_\_

I have used stimulants

- Yes
- No

Stimulants

- Preludin
- Benzedrine
- Methedrine
- Ritalin
- Uppers
- Speed
- Others

Specify:

\_\_\_\_\_

I have used Marijuana

- Yes
- No

Routes of marijuana I have used before include:

- Inhaled
- Edible/oral
- Topical
- Hash oil
- Paste

The way I use marijuana the most is by the following routes:

- Inhaled
- Edible/oral
- Topical
- Hash Oil
- Paste

I have used marijuana for approximately this many years (by any route)

\_\_\_\_\_

In the past 30 days, how many days have you used marijuana products?

\_\_\_\_\_

On days you were using marijuana, how many times per day would you use it on average?

\_\_\_\_\_

I have used cocaine.

- Yes
- No

I used cocaine by the following routes:

- smoked
- snorted through nose
- injected

I have used hallucinogenic or psychedelic drugs.

- Yes
- No

Hallucinogens:

- Ecstasy/MDMA
- LSD
- bath salts
- spice
- mescaline
- psilocybin
- PCP
- angel dust
- peyote

I have taken inhalants or solvents

- Yes
- No

Inhalants or solvents

- amyl nitrite
- nitrous oxide
- glue
- toluene
- gasoline

I have used heroin.

- Yes
- No

I used heroin by the following routes:

- Injected
- Smoked

I have used one or more of the following medicines:  
methadone, Elavil, steroids, Thorazine, Haldol,  
Benadryl.

- Yes
- No

The following questions concern information about your possible involvement with drugs, not including alcoholic beverages, during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, place the appropriate response beside the question.

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**In the statements, "drug abuse" refers to (1) using prescription drugs in way that does not follow directions on the label or given by the doctor, and (2) using drugs (both prescribed and not prescribed) for non-medical reasons.**

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. Have you used drugs other than those required for medical reasons?  | <input type="radio"/> | <input type="radio"/> |
| 2. Do you abuse more than one drug at a time?  | <input type="radio"/> | <input type="radio"/> |
| 3. Are you always able to stop using drugs when you want to?   | <input type="radio"/> | <input type="radio"/> |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use?   | <input type="radio"/> | <input type="radio"/> |
| 5. Do you feel very bad or guilty about your drug use?   | <input type="radio"/> | <input type="radio"/> |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs?  | <input type="radio"/> | <input type="radio"/> |
| 7. Have you neglected your family because of your use of drugs?  | <input type="radio"/> | <input type="radio"/> |
| 8. Have you engaged in illegal activities in order to obtain drugs?  | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                                      | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | <input type="radio"/> | <input type="radio"/> |

# Daily Data

Does this apply to the subject?

- Yes  
 No

Timepoint after admission?

- timepoint 2 (72-120 hours after admission)  
 timepoint 3 (192-240 hours after admission)

Date daily data collected

\_\_\_\_\_ (labs and data collected originate on this date.)

## Laboratory Values and SOFA Scores

**Values should be those available during same 24 hours of data collection.**ABG PaO<sub>2</sub>

\_\_\_\_\_ (lowest value of the 24 hour period)

ABG FiO<sub>2</sub>

\_\_\_\_\_ (value when ABG obtained)

Respiratory System SOFA Score

- PaO<sub>2</sub>/FiO<sub>2</sub> ≥ 400  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 400  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 300  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 200 and mechanically ventilated  
 PaO<sub>2</sub>/FiO<sub>2</sub> < 100 and mechanically ventilated  
(lowest value of the 24 hour period)

Nervous system SOFA Score

- GCS > 14  
 GCS 13-14  
 GCS 10-12  
 GCS 6-9  
 GCS ≤ 5  
(lowest score of 24 hour period)

Cardiovascular SOFA Score

- MAP ≥ 70  
 MAP < 70 mmHg  
 Dopamine ≤ 5 or Dobutamine (any dose)  
 Dopamine > 5 OR Norepi ≤ 0.1 OR Epi ≤ 0.1  
 Dopamine > 15 OR Norepi > 0.1 OR Epi > 0.1  
(highest dose of day, in ug/kg/min)

Total bilirubin

\_\_\_\_\_ (highest recorded value)

Liver SOFA Score

- TBili > 1.9  
 TBili 1.2-1.9  
 TBili 2.0-5.9  
 TBili 6.0-11.9  
 TBili ≥ 12.0  
(Highest value for the 24 hrs)

Platelets

\_\_\_\_\_ (lowest value of the 24 hour period)



Coagulation SOFA Score

- Platelets  $\geq 150$   
 Platelets  $< 150$  but  $\geq 100$   
 Platelets  $< 100$  but  $\geq 50$   
 Platelets  $< 50$  but  $\geq 20$   
 Platelets  $< 20$   
 (lowest value of the 24 hour period)

Creatinine

\_\_\_\_\_

(highest value of 24 hour period)

Renal SOFA Score

- Cr  $< 1.2$   
 Cr 1.2-1.9  
 Cr 2.0-3.4  
 Cr 3.5-4.9  
 Cr  $\geq 5.0$   
 (highest value of 24 hr period)

Total SOFA Score

\_\_\_\_\_

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**Receipt of ICU Specific Medications During Specified Time Period of Data Collection, either:**

**During 72-120 hours after admission (time point 2)**

**During 190-240 hours after admission (time point 3)**

Anxiolysis Received?

- none  
 Midazolam  
 Lorazepam  
 Propofol  
 other (NOT Precedex)

Analgesia Received?

- none  
 Fentanyl  
 Dilaudid  
 Morphine  
 other narcotic

Advanced ARDS Therapy?

- off mechanical ventilation or none  
 low tidal volume ventilation  
 prone ventilation  
 paralytic infusion  
 inhaled nitric oxide  
 ECMO  
 (all that apply in this time period)

Antipsychotics Received?

- none  
 Haloperidol (Haldol)  
 Risperidone (Risperdal)  
 Olanzapine (Zyprexa)  
 other

# Outcomes (Discharge) Data

Informed consent of subject?

- patient regained capacity, provided informed consent  
 patient regained capacity, declined participation  
 patient did not regain capacity (must be done prior to d/c)

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**If patient did not regain capacity, must contact him/her after discharge to obtain informed consent per protocol.**

**PROXY CONSENT NOT ADEQUATE FOR BANKING.**

**Inform lab manager samples not to be shared for expts outside of protocol until informed consent obtained.**

Patient discharged to:

- Home  
 Skilled nursing facility  
 Long-term acute care (LTAC) facility  
 Inpatient rehabilitation facility  
 Morgue  
 Other

Other discharge location

Suspected cause of death

- Not deceased  
 Respiratory failure  
 Septic shock  
 Refractory hypotension/shock  
 Hemorrhagic shock  
 Multiorgan failure  
 Cardiogenic shock  
 Other

Patient diagnosed with pneumonia (any kind) by primary MD?

- True  
 False

Date pneumonia diagnosed

Patient met criteria for ARDS during hospitalization?

- True  
 False

Date all criteria for ARDS met

Bronchoscopy with BAL Performed?

- Yes  
 No

Bronchoscopy Date?

Bronchoscopy Indication

- Clinically indicated  
 Research indication only

Bronchoscopy WBC Count

\_\_\_\_\_ (white blood cells only)

BAL Culture Result

- no growth (sterile culture)
- Streptococcus species
- Staphylococcus species
- MRSA
- Hemophilus influenza
- other Gram (-)
- viral
- other

1st Positive Culture ID

\_\_\_\_\_  
(name of microorganism)

1st microorganism site

- lung (BAL, tracheal aspirate, sputum)
- intra-abdominal
- genitourinary
- skin and soft tissue
- central nervous system
- blood
- vascular access device
- other

2nd Positive Culture ID

\_\_\_\_\_  
(name of microorganism)

2nd microorganism site

- lung (BAL, tracheal aspirate, sputum)
- intra-abdominal
- genitourinary
- skin and soft tissue
- central nervous system
- blood
- vascular access device
- other

First day on mechanical ventilation

\_\_\_\_\_

Last day on mechanical ventilation

\_\_\_\_\_

Total no. ventilator days

\_\_\_\_\_

First Day in ICU

\_\_\_\_\_

Last Day in ICU

\_\_\_\_\_

Total no. ICU days

\_\_\_\_\_

First day in hospital

\_\_\_\_\_  
(day of admission to any facility)

Last day in hospital

\_\_\_\_\_  
(day of discharge to any facility)

Total number of days in hospital

\_\_\_\_\_

Total Dose of Anxiolysis for hospitalization

\_\_\_\_\_  
(in Lorazepam equivalents)

Total Dose of Analgesia for hospitalization

\_\_\_\_\_  
(in Morphine equivalents)

Total Dose of Antipsychotics for hospitalization

\_\_\_\_\_  
(in Haloperidol equivalents)

# Subject-Patient Survey

Does this apply to the subject?

- Yes  
 No

Date of interview/examination: \_\_\_\_\_

During the last 12 months, did you have a drink containing alcohol?

- Yes  
 Not in the last 12 months  
 I never drank alcohol in my life

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## AUDIT: 12 month use of alcohol history

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How often do you have six or more drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How often during the last year have you found that you were not able to stop drinking once you started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Have you or someone else been injured because of your drinking?
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

Total Audit Score \_\_\_\_\_

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### SMAST: lifetime alcohol use

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. Do you feel you are a normal drinker?   | <input type="radio"/> | <input type="radio"/> |
| 2. Do friends or relatives think that you are a normal drinker?  | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?  | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever lost friends or girlfriends/boyfriends/family/spouses? because of drinking?                                       | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever gotten into trouble at work because of drinking?  | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?    | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking? | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever gone to anyone for help about your drinking?  | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever been in the hospital because of drinking?   | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever been arrested for drunk driving or driving after drinking?   | <input type="radio"/> | <input type="radio"/> |

Total SMAST Score \_\_\_\_\_

Alcohol Binge Use: During the last 12 months, how often did you have 5 or more (if you are a man) or 4 or more (if you are a woman) drinks containing any kind of alcohol within a two-hour period?

- Every day  
 5 - 6 times a week  
 3 - 4 times a week  
 twice a week  
 once a week  
 2 - 3 times a month  
 once a month  
 3 - 11 times in the past year  
 1 or 2 times in the past year  
 Never

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### Questions related to cigarette smoking.

Would you consider yourself:

- An Every-Day Smoker  
 A Some-Day Smoker  
 A Former Smoker  
 A Never Smoker

On average, about how many cigarettes do you now smoke every day?

\_\_\_\_\_

How many years have you smoked (any amount)?

\_\_\_\_\_

On how many of the past 30 days did you smoke cigarettes?

\_\_\_\_\_

On average, on those [NUMFILL] days, how many cigarettes did you usually smoke each day?

\_\_\_\_\_

How many years have you smoked (any amount)?

\_\_\_\_\_

Have you EVER smoked cigarettes EVERY DAY for at least 6 months?

- Yes  
 No  
 Don't know  
 Refused

When you last smoked, on average, how many cigarettes did you smoke each day?

\_\_\_\_\_

How many years did you smoke (any amount)?

\_\_\_\_\_

Questions regarding prescription drugs, and drugs that are not legal.  
All answers are confidential, so please be honest.

I have used sedatives

- Yes  
 No

Specify sedative(s):

- Sleeping pills  
 Barbiturates  
 Seconal  
 Quaaludes  
 Chloral hydrate  
 other

Specify

\_\_\_\_\_

I have used tranquilizers or anti-anxiety drugs

- Yes  
 No

Tranquilizers or anti-anxiety drugs

- Valium
- Librium
- Ativan
- Xanax
- Chlorazepate
- other

Specify

\_\_\_\_\_

I have used prescription painkillers

- Yes
- No

Painkiller(s)

- Codeine
- Darvon
- Percodan
- Oxycontin
- Dilaudid
- Demerol
- Celebrex or Vioxx
- other

Specify

\_\_\_\_\_

I have used stimulants.

- Yes
- No

Stimulant(s)

- Preludin
- Benzedrine
- Methedrine
- Ritalin
- Uppers
- Speed
- other

Specify

\_\_\_\_\_

I have used marijuana

- Yes
- No

Routes of marijuana I have used before include:

- Inhaled
- Edible/oral
- Topical
- Hash oil
- Paste

The way I use marijuana the most is by the following route:

- Inhaled
- Edible/oral
- Topical
- Hash oil
- Paste

I have used marijuana for approximately this many years (by any route)

\_\_\_\_\_

In the past 30 days, how many days have you used marijuana products?

\_\_\_\_\_

On days you were using marijuana, how many times per day would you use it on average (all types)?

\_\_\_\_\_

I have used cocaine.

- Yes
- No

I used cocaine by the following routes:

- smoked
- snorted through nose
- injected

I have used hallucinogenic or psychedelic drugs.

- Yes
- No

Specify hallucinogenic or psychedelic drugs:

- Ecstasy/MDMA
- LSD
- bath salts
- spice
- mescaline
- psilocybin
- PCP
- angel dust
- peyote

I have taken inhalants or solvents.

- Yes
- No

Inhalants or solvents type(s)

- amyl nitrite
- nitrous oxide
- glue
- toluene
- gasoline

I have used heroin.

- Yes
- No

I used heroin by the following route(s):

- injected
- smoked

I have used one or more of the following medicines:  
methadone, Elavil, steroids, thorazine, Haldol,  
Benadryl.

- Yes
- No

The following questions concern information about your possible involvement with drugs, not including alcoholic beverages, during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, place the appropriate response beside the question.



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**In the statements, "drug abuse" refers to (1) using prescription drugs in way that does not follow directions on the label or given by the doctor, and (2) using drugs (both prescribed and not prescribed) for non-medical reasons.**

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 1. Have you used this drug(s) other than when required for medical reasons?   | <input type="radio"/> | <input type="radio"/> |
| 2. Do you abuse more than one drug at a time?   | <input type="radio"/> | <input type="radio"/> |
| 3. Are you always able to stop using the drug(s) when you want to?  | <input type="radio"/> | <input type="radio"/> |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use?  | <input type="radio"/> | <input type="radio"/> |
| 5. Do you feel very bad or guilty about your drug(s) use?   | <input type="radio"/> | <input type="radio"/> |
| 6. Does your spouse (or parents) ever complain about your involvement with the drug(s)?   | <input type="radio"/> | <input type="radio"/> |
| 7. Have you neglected your family because of your use of the drug(s)?   | <input type="radio"/> | <input type="radio"/> |
| 8. Have you engaged in illegal activities in order to obtain the drug(s)?   | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking the drug(s)?   | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever had medical problems as a result of your using the drug(s) (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | <input type="radio"/> | <input type="radio"/> |