**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

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)
## Baseline Demographics and Vital Signs

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission Date (to ORIGINAL hospital)</td>
<td></td>
</tr>
<tr>
<td>Hospital Admission Date (to THIS hospital)</td>
<td></td>
</tr>
<tr>
<td>ICU Admission Date</td>
<td></td>
</tr>
<tr>
<td>Height (in centimeters)</td>
<td></td>
</tr>
<tr>
<td>Weight (in kilograms)</td>
<td></td>
</tr>
<tr>
<td>Body Mass Index</td>
<td></td>
</tr>
<tr>
<td>Temperature (Degrees C)</td>
<td></td>
</tr>
<tr>
<td>Admission Systolic BP (mmHg)</td>
<td></td>
</tr>
<tr>
<td>Admission Diastolic BP (mmHg)</td>
<td></td>
</tr>
<tr>
<td>Admission MAP</td>
<td></td>
</tr>
</tbody>
</table>
| Cardiovascular SOFA Score      | ○ MAP >= 70  
○ MAP < 70mmHg  
○ 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 med after volume resuscitation) |
| Admission Heart Rate           |                                            |
| Admission Respiratory Rate     |                                            |
| Admission SaO2, % (Pulse Oximetry) |                                            |
| Admission FiO2 (in percent)    |                                            |

## Respiratory/Ventilator Status

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Mechanical Ventilation Initiated</td>
<td></td>
</tr>
<tr>
<td>Mechanical Ventilation Mode</td>
<td>□ Assist Control</td>
</tr>
<tr>
<td></td>
<td>□ Pressure Control</td>
</tr>
<tr>
<td></td>
<td>□ Pressure-regulated, volume control (Initial or first ventilator mode)</td>
</tr>
<tr>
<td>Tidal Volume (initial recorded)</td>
<td>(in mL, set on ventilator)</td>
</tr>
<tr>
<td>Respiratory Rate (set)</td>
<td>(set on ventilator)</td>
</tr>
</tbody>
</table>
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

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)

---

**Baseline (Admission) Laboratory Values**

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Blood Gas pH</td>
<td></td>
<td>(within 24 hours of ICU admission)</td>
</tr>
<tr>
<td>Arterial Blood Gas pCO2</td>
<td></td>
<td>(within 24 hours of ICU admission)</td>
</tr>
<tr>
<td>Arterial Blood Gas pO2</td>
<td></td>
<td>(within 24 hours of ICU admission)</td>
</tr>
<tr>
<td>Arterial Blood Gas FiO2</td>
<td></td>
<td>(At the time of ABG)</td>
</tr>
<tr>
<td>Respiratory System SOFA Score</td>
<td>PaO2/FiO2 &gt;= 400</td>
<td>PaO2/FiO2 &gt;= 400</td>
</tr>
<tr>
<td></td>
<td>PaO2/FiO2 &lt; 400</td>
<td>PaO2/FiO2 &lt; 300</td>
</tr>
<tr>
<td></td>
<td>PaO2/FiO2 &lt; 200 and mechanically ventilated</td>
<td>PaO2/FiO2 &lt; 100 and mechanically ventilated (lowest score of 24 hour period)</td>
</tr>
<tr>
<td>WBC Count</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Hematocrit</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Platelets</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Coagulation SOFA Score</td>
<td>Platelets &gt;= 150</td>
<td>Platelets &lt; 150 but &gt;= 100</td>
</tr>
<tr>
<td></td>
<td>Platelets &lt; 100 but &gt;= 50</td>
<td>Platelets &lt; 50 but &gt;= 20</td>
</tr>
<tr>
<td></td>
<td>Platelets &lt; 20</td>
<td></td>
</tr>
<tr>
<td>Mean Corpuscular Volume (MCV)</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td>(Day of ICU Admission)</td>
</tr>
<tr>
<td>Parameter</td>
<td>Definition</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Chloride</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Bicarbonate (serum)</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>AST</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>ALT</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Total Bilirubin</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Liver SOFA Score</td>
<td>TBili &gt; 1.9, TBili 1.2-1.9, TBili 2.0-5.9, TBili 6.0-11.9, TBili &gt;=12.0 (highest value of the day)</td>
<td></td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Total Protein</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Blood Urea Nitrogen</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Renal SOFA Score</td>
<td>Cr &lt; 1.2, Cr 1.2-1.9, Cr 2.0-3.4, Cr 3.5-4.9, Cr &gt;=5.0 (highest value of the day)</td>
<td></td>
</tr>
<tr>
<td>Lactate</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Blood alcohol level</td>
<td>(Day of ICU Admission)</td>
<td></td>
</tr>
<tr>
<td>Urine toxicology</td>
<td>Marijuana, Cocaine, Methamphetamines, Narcotics, Benzodiazepines, Alcohol, Negative (nothing detected) (On admission)</td>
<td></td>
</tr>
<tr>
<td>APACHE II Score, Day 1 of Hospitalization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SOFA Score on Day 1 of Hospitalization

Initial CXR, quadrants involved

- [ ] one
- [ ] two
- [ ] three
- [ ] four

---

**Contact Information (Sensitive)**

Name of proxy/LAR providing assent

______________________________

Proxy/LAR contact phone #

______________________________

Subject name

______________________________

Subject contact phone

______________________________

Subject MRN

______________________________
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

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

**Total Audit Score**

__________________________________
### SMAST: lifetime alcohol use FOR PATIENT

1. Do you feel you are a normal drinker?  
   - Yes [ ]  
   - No [ ]

2. Do friends or relatives think that you are a normal drinker?  
   - Yes [ ]  
   - No [ ]

3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?  
   - Yes [ ]  
   - No [ ]

4. Have you ever lost friends or girlfriends/boyfriends/family/spouses because of drinking?  
   - Yes [ ]  
   - No [ ]

5. Have you ever gotten into trouble at work because of drinking?  
   - Yes [ ]  
   - No [ ]

6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?  
   - Yes [ ]  
   - No [ ]

7. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren’t there after heavy drinking?  
   - Yes [ ]  
   - No [ ]

8. Have you ever gone to anyone for help about your drinking?  
   - Yes [ ]  
   - No [ ]

9. Have you ever been in the hospital because of drinking?  
   - Yes [ ]  
   - No [ ]

10. Have you ever been arrested for drunk driving or driving after drinking?  
    - Yes [ ]  
    - No [ ]

---

**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 [ ]
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

Specify:

Sedatives
- Sleeping pills
- Barbiturates
- Seconal
- Quaaludes
- Chloral hydrate
- Other

I have used tranquilizers or anti-anxiety drugs
- Yes
- No

Specify:

Tranquilizers or anti-anxiety drugs
- Valium
- Librium
- Ativan
- Xanax
- Chlorazepate
- Other

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:
□ Yes
□ No
methadone, Elavil, steroids, Thorazine\*, Haldol, Benadryl.

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.
In the statements, "drug abuse" refers to (1) using prescription drugs in a 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.

1. Have you used drugs other than those required for medical reasons?  
   Yes ☐  No ☐

2. Do you abuse more than one drug at a time?  
   ☐  ☐

3. Are you always able to stop using drugs when you want to?  
   ☐  ☐

4. Have you had "blackouts" or "flashbacks" as a result of drug use?  
   ☐  ☐

5. Do you feel very bad or guilty about your drug use?  
   ☐  ☐

6. Does your spouse (or parents) ever complain about your involvement with drugs?  
   ☐  ☐

7. Have you neglected your family because of your use of drugs?  
   ☐  ☐

8. Have you engaged in illegal activities in order to obtain drugs?  
   ☐  ☐

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
   ☐  ☐

10. Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?  
     ☐  ☐
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 PaO2

(lowest value of the 24 hour period)

ABG FiO2

(value when ABG obtained)

Respiratory System SOFA Score

- PaO2/FiO2>=400
- PaO2/FiO2< 400
- PaO2/FiO2< 300
- PaO2/FiO2< 200 and mechanically ventilated
- PaO2/FiO2< 100 and mechanically ventilated

(Nearest value of the 24 hour period)

Nervous system SOFA Score

- GCS >14
- GCS 13-14
- GCS 10-12
- GCS 6-9
- GCS <=5

(Nearest score of 24 hour period)

Cardiovascular SOFA Score

- MAP>=70
- MAP< 70mmHg
- 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>=150
- Platelets < 150 but >=100
- Platelets< 100 but >=50
- Platelets< 50 but >=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>=5.0 (highest value of 24 hr period)

Total SOFA Score

---------------------------

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)*

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 | __________________________ |
| 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 | __________________________ |
| 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
- [x] No

Date of interview/examination: __________________________

During the last 12 months, did you have a drink containing alcohol?
- [x] Yes
- [ ] No
- [ ] Not in the last 12 months
- [ ] I never drank alcohol in my life

### AUDIT: 12 month use of alcohol history

<table>
<thead>
<tr>
<th>1. How often do you have a drink containing alcohol?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
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<thead>
<tr>
<th>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
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<tr>
<th>3. How often do you have six or more drinks on one occasion?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
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<tr>
<th>4. How often during the last year have you found that you were not able to stop drinking once you started?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
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<tr>
<th>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
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<tr>
<th>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?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
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<tr>
<th>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
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<tr>
<th>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-4 times a month</th>
<th>2-3 times a week</th>
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</table>
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 ______________________________________

**SMAST: lifetime alcohol use**

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

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

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

- ValiumÒ
- LibriumÒ
- Ativan
- Xanax
- Chlorazepate
- other

Specify

I have used prescription painkillers
- Yes
- No

Painkiller(s)

- Codeine
- DarvonÒ
- PercodanÒ
- OxycontinÒ
- DilaudidÒ
- DemerolÒ
- CelebrexÒ or VioxxÒ
- other

Specify

I have used stimulants.
- Yes
- No

Stimulant(s)

- PreludinÒ
- BenzedrineÒ
- MethedrineÒ
- RitalinÒ
- 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.
In the statements, "drug abuse" refers to (1) using prescription drugs in a 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.

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