

# IQCODE with Postcard Consent

Please complete the survey below. Thank you!

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Study Title: Effects of alcohol and drugs of abuse on immune function in critically ill patients with respiratory failure

Principal Investigator: Ellen Burnham, MD

COMIRB No: 14-0630

Version Date: 10/17/2024

Your friend or relative (hereafter referred to as "the patient") is being asked to be in this research study because they are currently admitted to the ICU and have significant supplemental oxygen requirements. This study is designed to help us learn more about the relationship between substance use and respiratory failure.

You are being asked to complete some surveys about the patient to help us better understand their overall health. More information about what study participation entails for the patient may be found in the information sheet that was provided to you by a member of the study team.

Every effort will be made to protect the patient's privacy and confidentiality. The University of Colorado Anschutz Medical Campus and associated hospitals and clinics have rules to protect private health information. Federal and state laws including the Health Insurance Portability and Accountability Act (HIPAA) also protect patient privacy.

Possible discomforts or risks of your participation as a proxy for the patient include discomfort in answering questions related to the patient's baseline neurocognitive function and substance use habits. There may be a risk of breach of confidentiality. There may be risks the researchers have not thought of.

This study is not designed to benefit the patient directly.

Participation in this study is voluntary. You have a choice about whether to provide information about the patient. Once the patient can make informed decisions, they will be given the choice to consent to or decline study participation. If the patient declines study participation, any information we have gathered about them will not be used for research, including the information you have provided in these surveys. Participation or non-participation by you or the patient will not impact the patient's clinical care during their hospitalization.

The data we collect will be used for this study but may also be important for future research. The patient's data may be used for future research or distributed to other researchers for future study without additional consent if information that identifies them is removed from the data.

If you have questions, you can call principal investigator Ellen Burnham, MD, at (303) 724-6078, or email her at [ellen.burnham@cuanschutz.edu](mailto:ellen.burnham@cuanschutz.edu). You can call or email to ask questions at any time.

You may have questions about the patient's rights as someone in this study or your rights as a healthcare proxy in this study. If you have questions, you can call COMIRB (the responsible Institutional Review Board) at (303) 724-1055.

By typing your name below, you are agreeing that the data you provide about the patient may be used in this research study.

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- 1) Please type your name to indicate that you agree that the data you provide about the patient may be used in this research study:

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- 2) Please enter the name of the patient for whom you are completing this survey:

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- 3) Please describe your relationship to the patient:

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**We want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. Below are situations where this person has to use his/her memory or intelligence. We want you to indicate whether this has improved, stayed the same or got worse in that situation over the past 10 years. So if 10 years ago this person always forgot where he/she had left things, and he/she still does, then this would be considered "Hasn't changed much".**

**Compared with 10 years ago, how is this person at:**

	Much improved	A bit improved	Not much change	A bit worse	Much worse
4) Remembering things about family and friends e.g. occupations, birthdays, addresses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Remembering things that have happened recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Recalling conversations a few days later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Remembering his/her address and telephone number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Remembering what day and month it is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Remembering where things are usually kept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Remembering where to find things which have been put in a different place from usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Knowing how to work familiar machines around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Learning to use a new gadget or machine around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Learning new things in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Following a story in a book or on TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) Making decisions on everyday matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16) Handling money for shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) Handling financial matters e.g. the pension, dealing with the bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18)					

Handling other everyday  
arithmetic problems e.g.  
knowing how much food to buy,  
knowing how long between visits  
from family or friends

☐☐☐☐☐

19) Using his/her intelligence to  
understand what's going on and  
to reason things through

☐☐☐☐☐

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20) Score:

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# AUDIT - Proxy

Please complete the survey below. Please ignore question #1 that may already have been answered, that question is for the study coordinator. Thank you! Complete la encuesta a continuación. Por favor ignore la pregunta #1 que ya puede haber sido respondida, esa pregunta es para el coordinador del estudio. ¡Gracias!

**Please answer the questions below to the best of your ability using your knowledge of the patient.**

**In this survey, we use the words "you" and "your." If you are a friend/relative of the patient, the words, "you" and "your" refer to the patient, not you.**

	Never (0)	Monthly or less (1)	2 to 4 times a month (2)	2 to 3 times a week (3)	4 or more times a week (4)
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"/>

	1 or 2 drinks (0)	3 or 4 drinks (1)	5 or 6 drinks (2)	7 to 9 drinks (3)	10 or more drinks (4)
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"/>

	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
3. How often do you have 6 or more drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often during the last year have you been unable to remember what happened the night before because of your drinking?

- ☐ Never (0)
- ☐ Less than monthly (1)
- ☐ Monthly (2)
- ☐ Weekly (3)
- ☐ Daily or almost daily (4)

How often during the last year have you found that you were not able to stop drinking once you had started?

- ☐ Never (0)
- ☐ Less than monthly (1)
- ☐ Monthly (2)
- ☐ Weekly (3)
- ☐ Daily or almost daily (4)

Have you or someone else been injured because of your drinking?

- ☐ No (0)
- ☐ Yes, but not in the last year (2)
- ☐ Yes, during the last year (4)

How often during the last year have you failed to do what was normally expected of you because of drinking?

- ☐ Never (0)
- ☐ Less than monthly (1)
- ☐ Monthly (2)
- ☐ Weekly (3)
- ☐ Daily or almost daily (4)

Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

- ☐ No (0)
- ☐ Yes, but not in the last year (2)
- ☐ Yes, during the last year (4)

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How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never (0)
- ☐ Less than monthly (1)
- ☐ Monthly (2)
- ☐ Weekly (3)
- ☐ Daily or almost daily (4)

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How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ Never (0)
- ☐ Less than monthly (1)
- ☐ Monthly (2)
- ☐ Weekly (3)
- ☐ Daily or almost daily (4)

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AUDIT-C Score

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AUDIT score

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# Substance Use Data - Proxy

Please complete the survey below. Thank you!

**Please answer the questions below to the best of your ability using your knowledge of the patient.**

Please check any drugs the patient currently uses.

- ☐ Heroin
- ☐ Opiates/analgesics
- ☐ Barbiturates
- ☐ Cocaine
- ☐ Amphetamines
- ☐ Cannabis
- ☐ Other

Other:

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Please check any drugs the patient has used in the past, but no longer uses.

- ☐ Heroin
- ☐ Opiates/analgesics
- ☐ Barbiturates
- ☐ Cocaine
- ☐ Amphetamines
- ☐ Cannabis
- ☐ Other
- ☐ None of these

Other:

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Please check any of the following the patient currently uses.

- ☐ Smoked tobacco (cigarettes, cigars, etc.)
- ☐ Smokeless tobacco (chewing tobacco, nicotine pouches, etc.)
- ☐ Vaped tobacco

Please check any of the following the patient has used in the past, but no longer uses.

- ☐ Smoked tobacco (cigarettes, cigars, etc.)
- ☐ Smokeless tobacco (chewing tobacco, nicotine pouches, etc.)
- ☐ Vaped tobacco

How many days in the past 30 has the patient experienced alcohol problems?

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How many days in the past 30 has the patient experienced drug problems?

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