



FRAGILE - version 33.21

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1. Baseline - Demographics

Number	Question	Answers
1.1	Age	<input type="text"/>
1.2	Gender	<input type="radio"/> Female <input type="radio"/> Male
1.3	Height	<input type="text"/> meters
1.4	Weight	<input type="text"/> Kg
1.5	BMI	
1.6	Smoking status	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Ex-smoker
1.7	Alcohol consumption (more than two drinks per day)	<input type="radio"/> Yes <input type="radio"/> No
1.8	Preoperative Systolic Arterial Pressure	<input type="text"/> mmHg
1.9	Preoperative Diastolic Arterial Pressure	<input type="text"/> mmHg
1.10	Pulse pressure	
1.11	Heart rate	<input type="text"/> beats/min
<p>Characteristics of the approach to the patient's pathology. Please respond truthfully to this point. Consider if in those cases in which your center actually has the protocols/routes for this type of surgery, regardless of whether this patient has been treated according to them.</p>		
1.12	Is there a specific multidisciplinary surgical process for the treatment of this patient?	<input type="radio"/> Yes <input type="radio"/> No
1.13	Is there an enhanced multidisciplinary recovery pathway for the treatment of this patient?	<input type="radio"/> Yes <input type="radio"/> No
1.14	Is there a multidisciplinary patient blood management	

program protocol established for the treatment of this patient?

Yes

No

2. Baseline - Nutritional measurements

Number	Question	Answers
2.1	Unplanned weight loss	<input type="radio"/> No, or < 5% weight loss <input type="radio"/> 5-10% weight loss <input type="radio"/> >10% weight loss
2.2	The patient has been or is likely to be no nutritional intake for >5 days?	<input type="radio"/> Yes <input type="radio"/> No
2.3	MUST	
2.3.1	<i>If 'MUST' is bigger or equal than '2' answer this question:</i> Did the patient receive nutritional supplements before surgery?	<input type="radio"/> Yes <input type="radio"/> No

3. Baseline - Charlson Comorbidity Index (CCI) and Comorbidities

Number	Question	Answers
3.1	Does the patient have any disease?	<input type="radio"/> Yes <input type="radio"/> No
3.2	Hypertension	<input type="radio"/> Yes <input type="radio"/> No
3.3	Dyslipidemia?	<input type="radio"/> Yes <input type="radio"/> No
3.4	Obstructive sleep apnea	<input type="radio"/> Yes <input type="radio"/> No
Predicts 10-year survival in patients with multiple comorbidities.		
3.5	Patient Age	<input type="radio"/> <50 <input type="radio"/> 50-59 <input type="radio"/> 60-69 <input type="radio"/> 70-79 <input type="radio"/> >80 (Or 80)
3.6	Myocardial infarction	<input type="radio"/> Yes <input type="radio"/> No
3.7	Congestive heart failure	<input type="radio"/> Yes <input type="radio"/> No
3.8	Peripheral vascular disease	<input type="radio"/> Yes <input type="radio"/> No
3.9	Cerebrovascular accident/transient ischemic attacks	<input type="radio"/> Yes <input type="radio"/> No
3.10	Dementia	<input type="radio"/> Yes <input type="radio"/> No
3.11	Chronic obstructive pulmonary disease	<input type="radio"/> Yes <input type="radio"/> No

3.12	Connective tissue disease	<input type="radio"/> Yes <input type="radio"/> No
3.13	Peptic ulcer disease	<input type="radio"/> Yes <input type="radio"/> No
3.14	Liver disease	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderada to severe
3.15	Diabetes mellitus	<input type="radio"/> None or diet-controlled <input type="radio"/> Uncomplicated <input type="radio"/> End-organ damage
3.16	Hemiplegia	<input type="radio"/> No <input type="radio"/> Yes
3.17	Moderate to severe chronic kidney disease	<input type="radio"/> No <input type="radio"/> Yes
3.18	Solid tumor	<input type="radio"/> None <input type="radio"/> Localized <input type="radio"/> Metastatic
3.19	Leukemia	<input type="radio"/> No <input type="radio"/> Yes
3.20	Lymphoma	<input type="radio"/> No <input type="radio"/> Yes
3.21	Acquired immune deficiency syndrome (AIDS)	<input type="radio"/> No <input type="radio"/> Yes
3.22	Charlson Score	

Further explanation is available at the following link if required: <https://pubmed.ncbi.nlm.nih.gov/3558716/>

4. Baseline - Previous treatment

Number	Question	Answers
4.1	Antibiotics during the previous 3 months	<input type="radio"/> Yes <input type="radio"/> No
4.2	Diuretics	<input type="radio"/> Yes <input type="radio"/> No
4.3	Beta-blockers	<input type="radio"/> Yes <input type="radio"/> No
4.4	ACE inhibitors	<input type="radio"/> Yes <input type="radio"/> No
4.5	Angiotensin II receptor blockers	<input type="radio"/> Yes <input type="radio"/> No
4.6	Calcium channel blockers	<input type="radio"/> Yes <input type="radio"/> No
4.7	Aspirin	<input type="radio"/> Yes <input type="radio"/> No
4.8	Statins	<input type="radio"/> Yes <input type="radio"/> No
4.9	Oral antidiabetic drugs	<input type="radio"/> Yes <input type="radio"/> No
4.10	Insulin	<input type="radio"/> Yes <input type="radio"/> No
4.11	Inhalers	<input type="radio"/> Yes <input type="radio"/> No
4.12	Corticosteroids	<input type="radio"/> Yes <input type="radio"/> No
4.13	Benzodiazepines	<input type="radio"/> Yes <input type="radio"/> No

4.14 Opioids Yes

No

4.15 Chemotherapy before surgery Yes

No

4.16 Radiotherapy before surgery Yes

No

5. Baseline - Preoperative Blood test results

Number	Question	Answers
5.1	Preoperative Hemoglobin	<input type="text"/> g/dl
5.2	Preoperative Albumin	<input type="text"/> g/dl
5.3	Preoperative Creatinine	<input type="text"/> mg/dl

6. Baseline - Prehabilitation

Number	Question	Answers
6.1	Prehabilitation	<input type="radio"/> Yes <input type="radio"/> No
6.1.1	<i>If 'Prehabilitation' is equal to 'Yes' answer this question:</i> Physical exercise program	<input type="radio"/> Yes <input type="radio"/> No
6.1.2	<i>If 'Prehabilitation' is equal to 'Yes' answer this question:</i> Nutritional education/ protein supplements / parenteral- enteral nutrition	<input type="radio"/> Yes <input type="radio"/> No
6.1.3	<i>If 'Prehabilitation' is equal to 'Yes' answer this question:</i> Cognitive training	<input type="radio"/> Yes <input type="radio"/> No

7. Preoperative risk scores - ASA Physical Status/ASA Classification

Number	Question	Answers
7.1	ASA Physical Status/ASA Classification	<ul style="list-style-type: none"><input type="radio"/> A normal healthy patient<input type="radio"/> A patient with mild systemic disease<input type="radio"/> A patient with severe systemic disease<input type="radio"/> A patient with severe systemic disease that is a constant threat to life<input type="radio"/> A moribund patient who is not expected to survive without the operation

8. Preoperative risk scores - Rockwood Score

Number	Question	Answers
8.1	Rockwood score	<input type="radio"/> Very fit <input type="radio"/> Fit <input type="radio"/> Well, with treated comorbid disease <input type="radio"/> Apparently vulnerable <input type="radio"/> Mildly frail <input type="radio"/> Moderately frail <input type="radio"/> Severely frail <input type="radio"/> Very severely frail <input type="radio"/> Terminally

Further explanation is available at the following link if required: <https://asourparentsage.net/2009/12/17/adls-and-iadls-whats-the-difference/>

8.2	Rocwood score image	<p style="text-align: center;">Clinical Frailty Scale*</p> <p>1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> <p>2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p> <p>3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> <p>4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.</p> <p>5 Mildly Frail – These people often have more evident slowing and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p> <p>6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p> <p>7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p> <p>8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p>9 Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p> <p>Scoring frailty in people with dementia The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.</p> <p><small>* 1. Canadian Study on Health & Aging. Revised 2008. 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.</small></p>
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9. Preoperative risk scores - FRAIL questionnaire

Number	Question	Answers
9.1	Are you tired?	<input type="radio"/> Yes <input type="radio"/> No
9.2	Are you unable to climb one flight of stairs?	<input type="radio"/> Yes <input type="radio"/> No
9.3	Are you unable to walk one block?	<input type="radio"/> Yes <input type="radio"/> No
9.4	Do you have more than 5 illnesses?	<input type="radio"/> Yes <input type="radio"/> No
9.5	Have you lost 5% or more of your weight in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No
9.6	FRAIL Score	

Further explanation is available at the following link if required:
<https://www.sciencedirect.com/science/article/abs/pii/S1525861017304036>

10. Preoperative risk scores - Barthel Index for Activities of Daily Living (ADL)

Number	Question	Answers
Rank the patient's independence in the following areas:		
10.1	Feeding	<input type="radio"/> Unable <input type="radio"/> Needs help cutting, spreading butter, etc. <input type="radio"/> Independent
10.2	Transfers	<input type="radio"/> Unable <input type="radio"/> Major help, can sit <input type="radio"/> Minor help <input type="radio"/> Independent
10.3	Grooming	<input type="radio"/> Needs help with personal care <input type="radio"/> Independent face/hair/teeth/shaving
10.4	Toilet use	<input type="radio"/> Dependent <input type="radio"/> Needs some help, but can do something alone <input type="radio"/> Independent
10.5	Bathing	<input type="radio"/> Dependent <input type="radio"/> Independent
10.6	Mobility	<input type="radio"/> Immobile <input type="radio"/> Wheelchair independent <input type="radio"/> Walks with help of one person (verbal or physical) <input type="radio"/> Independent at least 50m (but may use aid)
10.7	Stairs	<input type="radio"/> Unable <input type="radio"/> Needs help (verbal or physical) <input type="radio"/> Independent up and down
10.8	Dressing	<input type="radio"/> Dependent <input type="radio"/> Needs help, but can do half unaided <input type="radio"/> Independent
10.9	Bowel	<input type="radio"/> Incontinent <input type="radio"/> Occasional accident (once/week)

Continent

10.10 Bladder

- Incontinent or catheterized
 Occasional accident (once/day)
 Continent

10.11 Barthel Score

Collin, C., et al. The Further explanation is available at the following link if required:: Barthel ADL Index: a reliability study. International disability studies 10.2 (1988): 61-63.

11. Preoperative risk scores - Short Blessed Test (SBT)

Number	Question	Answers
	“Now I would like to ask you some questions to check your memory and concentration. Some of them may be easy and some of them may be hard.”	
11.1	What year is it now?	<input type="radio"/> Correct <input type="radio"/> Incorrect
11.2	What month is it now?	<input type="radio"/> Correct <input type="radio"/> Incorrect
	Please repeat this name and address after me: John Brown, 42 Market Street, Chicago John Brown, 42 Market Street, Chicago John Brown, 42 Market Street, Chicago (underline words repeated correctly in each trial) Trials to learning _____ (can't do in 3 trials = C) Good, now remember that name and address for a few minutes	
11.3	Without looking at your watch or clock, tell me about what time it is	<input type="radio"/> Correct <input type="radio"/> Incorrect
11.4	Count aloud backwards from 20 to 1. Mark correctly sequenced numerals. If subject starts counting forward or forgets the task, repeat instructions and score one error 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors
11.5	Say the months of the year in reverse order: If the tester needs to prompt with the last name of the month of the year, one error should be scored – mark correctly sequenced months. D N O S A JL JN MY AP MR F J	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors
11.6	Repeat the name and address you were asked to remember: John Brown, 42 Market Street, Chicago	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors <input type="radio"/> 3 errors <input type="radio"/> 4 errors <input type="radio"/> 5 errors

Short Blessed Test (SBT) Administration and Scoring Guidelines: please see:
<http://regionstrauma.org/blogs/sbt.pdf>

12. Surgery - Surgery

Number	Question	Answers								
12.1	Date and time of surgery	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(hh:mm)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)							
12.2	Type of procedure	<input type="radio"/> Elective <input type="radio"/> Emergency								
12.3	Type of surgery	<input type="radio"/> Abdominal <input type="radio"/> Gynecologic <input type="radio"/> Obstetric <input type="radio"/> Vascular <input type="radio"/> Thoracic <input type="radio"/> Urologic <input type="radio"/> Orthopedics <input type="radio"/> Other								
12.4	Type of anesthesia	<input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural								
12.5	Oncologic surgery?	<input type="radio"/> Yes <input type="radio"/> No								
12.6	End of surgery	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(hh:mm)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)							
12.7	End of mechanical ventilation(until extubation)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>(hh:mm)</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(dd-mm-yyyy)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	(hh:mm)							
12.8	Transfusion of blood components	<input type="radio"/> Yes <input type="radio"/> No								
12.9	Vasoactive drugs during surgery	<input type="radio"/> Yes <input type="radio"/> No								
12.10	Anesthesia depth monitoring	<input type="radio"/> Yes <input type="radio"/> No								

SUBSTUDY. ONLY FOR RESEARCHERS IN SPAIN. Please complete this variable only if you have performed

monitoring using an updated BIS that displays the TS variable

12.11	Time in suppression ratio	<input type="text"/>	minutes
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12.12	Nociocepcion monitoring	<input type="radio"/> No
		<input type="radio"/> SPI
		<input type="radio"/> ANI
		<input type="radio"/> NOL

13. Postoperative care - Postoperative journey

Number	Question	Answers
13.1	Level of care on the first night after surgery	<input type="radio"/> Surgical ward <input type="radio"/> Post-anaesthesia care unit <input type="radio"/> Critical care level 2 <input type="radio"/> Critical care level 3
13.2	Unplanned critical care admission to treat a complication	<input type="radio"/> Yes <input type="radio"/> No
13.3	Surgical reintervention	<input type="radio"/> Yes <input type="radio"/> No
13.4	Did the reintervention occur during the patient's stay in the PACU or intensive care, or with the patient on the surgical ward?	<input type="radio"/> Surgical ward <input type="radio"/> PACU or ICU
13.5	Re-admission to hospital within 30 days of surgery	<input type="radio"/> Yes <input type="radio"/> No
Administrative data		
13.1.1	If 'Level of care on the first night after surgery' is not equal to 'Surgical ward' answer this question: Extended ICU visit (> 10h)	<input type="radio"/> Yes <input type="radio"/> No
13.1.2	If 'Level of care on the first night after surgery' is not equal to 'Surgical ward' answer this question: Physiotherapist in ICU	<input type="radio"/> Yes <input type="radio"/> No
13.1.3	If 'Level of care on the first night after surgery' is not equal to 'Surgical ward' answer this question: Nutritionist in ICU	<input type="radio"/> Yes <input type="radio"/> No
13.1.4	If 'Level of care on the first night after surgery' is not equal to 'Surgical ward' answer this question: Nurse ratio in ICU > 1/2	<input type="radio"/> Yes <input type="radio"/> No
13.1.5	If 'Level of care on the first night after surgery' is equal to 'Post-anaesthesia care unit' answer this question: Nurse ratio in PACU > 1/4	<input type="radio"/> Yes <input type="radio"/> No
13.1.6	If 'Level of care on the first night after surgery' is equal to 'Surgical ward' answer this question: Nurse ratio in ward > 1/8	<input type="radio"/> Yes <input type="radio"/> No

14. Postoperative care - Postoperative care

Number	Question	Answers								
	Active mobilization in the first 48 hours									
14.1	Sitting	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Patient with a with a disability that does not allow it								
14.1.1	If 'Sitting' is equal to 'Yes' answer this question: Time to sitting on the bed	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(hh:mm)</td> </tr> </table>				(dd-mm-yyyy)				(hh:mm)
			(dd-mm-yyyy)							
			(hh:mm)							
14.1.2	If 'Sitting' is equal to 'Yes' answer this question: Time to sitting on a chair	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(hh:mm)</td> </tr> </table>				(dd-mm-yyyy)				(hh:mm)
			(dd-mm-yyyy)							
			(hh:mm)							
14.2	Walking	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Patient with a with a disability that does not allow it								
14.2.1	If 'Walking' is equal to 'Yes' answer this question: Time to walking	<table border="1"> <tr> <td></td> <td>hours</td> </tr> </table>		hours						
	hours									
	Postoperative Nutrition in the first 30 days									
14.3	Was the patient able to initiate oral intake?	<input type="radio"/> Yes <input type="radio"/> No								
14.3.1	If 'Was the patient able to initiate oral intake?' is equal to 'Yes' answer this question: What time did fluid tolerance begin after surgery?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(hh:mm)</td> </tr> </table>				(dd-mm-yyyy)				(hh:mm)
			(dd-mm-yyyy)							
			(hh:mm)							
14.3.2	If 'Was the patient able to initiate oral intake?' is equal to 'Yes' answer this question: What time did solid food tolerance begin after surgery?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>(dd-mm-yyyy)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(hh:mm)</td> </tr> </table>				(dd-mm-yyyy)				(hh:mm)
			(dd-mm-yyyy)							
			(hh:mm)							
14.4	Did the patient receive enteral or parenteral nutrition?	<input type="radio"/> Yes <input type="radio"/> No								
14.5	Delirium screening after surgery	<input type="radio"/> Yes <input type="radio"/> No								
14.6	Cognitive dysfunction screening	<input type="radio"/> Yes <input type="radio"/> No								

15. Postoperative care - Postoperative complications

Number	Question	Answers
15.1	Did the patient have any of the predefined complications?	<input type="radio"/> Yes <input type="radio"/> No
15.1.1	<p><i>If 'Did the patient have any of the predefined complications?' is equal to 'Yes' answer this question:</i></p> <p>Which of the following complications?</p>	<input type="checkbox"/> Acute respiratory failure <input type="checkbox"/> COPD exacerbation <input type="checkbox"/> Pneumonia <input type="checkbox"/> Acute respiratory distress syndrome <input type="checkbox"/> Acute pulmonary edema <input type="checkbox"/> Acute kidney injury (KDIGO II-III) <input type="checkbox"/> Surgical wound infection <input type="checkbox"/> Sepsis <input type="checkbox"/> Septic shock <input type="checkbox"/> New onset atrial fibrillation <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Paralytic ileus <input type="checkbox"/> Cognitive dysfunction <input type="checkbox"/> Delirium <input type="checkbox"/> Other
15.1.2	<p><i>If 'Did the patient have any of the predefined complications?' is equal to 'Yes' answer this question:</i></p> <p>Which was the complication with a most severe Clavien Dindo score?</p>	<input type="radio"/> Acute respiratory failure <input type="radio"/> COPD exacerbation <input type="radio"/> Pneumonia <input type="radio"/> Acute respiratory distress syndrome <input type="radio"/> Acute pulmonary edema <input type="radio"/> Acute kidney injury (KDIGO II-III) <input type="radio"/> Surgical wound infection <input type="radio"/> Sepsis <input type="radio"/> Septic shock <input type="radio"/> New onset atrial fibrillation <input type="radio"/> Myocardial ischemia <input type="radio"/> Paralytic ileus <input type="radio"/> Cognitive dysfunction <input type="radio"/> Delirium <input type="radio"/> Other
15.2	Clavien-Dindo classification (for the most serious complication)	<input type="radio"/> Grade I <input type="radio"/> Grade II <input type="radio"/> Grade III <input type="radio"/> Grade IV <input type="radio"/> Grade V

15.1.3 ***If 'Did the patient have any of the predefined complications?' is equal to 'Yes' answer this question:*** (dd-mm-yyyy)
Date of the most important complication?

15.3 Did the patient survive to discharge of primary hospital admission? Yes
 No

15.3.1 ***If 'Did the patient survive to discharge of primary hospital admission?' is equal to 'Yes' answer this question:*** (dd-mm-yyyy)
Hospital discharge date


15.4 Is the patient alive 30 days after surgery? Yes
 No

15.4.1 ***If 'Is the patient alive 30 days after surgery?' is equal to 'No' answer this question:*** (dd-mm-yyyy)
Date of death

16. 30-day evaluation - 30 day Rocwood score

Number	Question	Answers
16.1	Is it possible to perform the evaluation 30 days after the surgery?	<input type="radio"/> Yes <input type="radio"/> No, patient is death <input type="radio"/> No, Patient cannot be contacted
16.1.1	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question: 30 day Rockwood score</i>	<input type="radio"/> Very fit <input type="radio"/> Fit <input type="radio"/> Well, with treated comorbid disease <input type="radio"/> Apparently vulnerable <input type="radio"/> Mildly frail <input type="radio"/> Moderately frail <input type="radio"/> Severely frail <input type="radio"/> Very severely frail <input type="radio"/> Terminally

Further explanation is available at the following link if required: <https://asourparentsage.net/2009/12/17/adls-and-iadls-whats-the-difference/>

16.1.3	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question: Rocwood score image</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">Clinical Frailty Scale*</p>  <ol style="list-style-type: none"> 1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age. 2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally. 3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking. 4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day. 5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. 6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing. 7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months). 8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness. 9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail. </div> <div style="width: 35%;"> <p>Scoring frailty in people with dementia</p> <p>The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In severe dementia, they cannot do personal care without help.</p> <p><small>* 1. Canadian Study on Health & Aging, Revised 2008. 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.</small></p> </div> </div>
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17. 30-day evaluation - 30 day FRAIL score

Number	Question	Answers
17.1	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Are you tired?	<input type="radio"/> Yes <input type="radio"/> No
17.2	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Are you unable to climb one flight of stairs?	<input type="radio"/> Yes <input type="radio"/> No
17.3	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Are you unable to walk one block?	<input type="radio"/> Yes <input type="radio"/> No
17.4	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Do you have more than 5 illnesses?	<input type="radio"/> Yes <input type="radio"/> No
17.5	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Have you lost 5% or more of your weight in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No
17.6	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> FRAIL Score	

Further explanation is available at the following link if required:<https://www.sciencedirect.com/science/article/abs/pii/S1525861017304036>

18. 30-day evaluation - 30-day Barthel Index for Activities of Daily Living (ADL)

Number	Question	Answers
	Rank the patient's independence in the following areas:	
18.1	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Feeding	<input type="radio"/> Unable <input type="radio"/> Needs help cutting, spreading butter, etc. <input type="radio"/> Independent
18.2	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Transfers	<input type="radio"/> Unable <input type="radio"/> Major help, can sit <input type="radio"/> Minor help <input type="radio"/> Independent
18.3	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Grooming	<input type="radio"/> Needs help with personal care <input type="radio"/> Independent face/hair/teeth/shaving
18.4	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Toilet use	<input type="radio"/> Dependent <input type="radio"/> Needs some help, but can do something alone <input type="radio"/> Independent
18.5	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Bathing	<input type="radio"/> Dependent <input type="radio"/> Independent
18.6	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Mobility	<input type="radio"/> Immobile <input type="radio"/> Wheelchair independent <input type="radio"/> Walks with help of one person (verbal or physical) <input type="radio"/> Independent at least 50m (but may use aid)
18.7	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Stairs	<input type="radio"/> Unable <input type="radio"/> Needs help (verbal or physical) <input type="radio"/> Independent up and down
18.8	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Dressing	<input type="radio"/> Dependent <input type="radio"/> Needs help, but can do half unaided <input type="radio"/> Independent
18.9	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i>	<input type="radio"/> Incontinent <input type="radio"/> Occasional accident (once/week)

Bowel

 Continent

18.10 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Bladder

- Incontinent or catheterized
 Occasional accident (once/day)
 Continent

18.11 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Barthel Score

Collin, C., et al. The Further explanation is available at the following link if required:: Barthel ADL Index: a reliability study. International disability studies 10.2 (1988): 61-63.

19. 30-day evaluation - 30-day Charlson Comorbidity Index

Number	Question	Answers
	Predicts 10-year survival in patients with multiple comorbidities.	
19.1	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Patient Age	<input type="radio"/> <50 <input type="radio"/> 50-59 <input type="radio"/> 60-69 <input type="radio"/> 70-79 <input type="radio"/> >80 (Or 80)
19.2	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Myocardial infarction	<input type="radio"/> Yes <input type="radio"/> No
19.3	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Congestive heart failure	<input type="radio"/> Yes <input type="radio"/> No
19.4	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Peripheral vascular disease	<input type="radio"/> Yes <input type="radio"/> No
19.5	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Cerebrovascular accident/transient ischemic attacks	<input type="radio"/> Yes <input type="radio"/> No
19.6	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Dementia	<input type="radio"/> Yes <input type="radio"/> No
19.7	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Chronic obstructive pulmonary disease	<input type="radio"/> Yes <input type="radio"/> No
19.8	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Connective tissue disease	<input type="radio"/> Yes <input type="radio"/> No
19.9	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Peptic ulcer disease	<input type="radio"/> Yes <input type="radio"/> No
19.10	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Liver disease	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderada to severe
19.11	<i>If 'Is it possible to perform the evaluation 30 days after</i>	

the surgery?' is equal to 'Yes' answer this question:

Diabetes mellitus

- None or diet-controlled
 Uncomplicated
 End-organ damage

19.12 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Hemiplegia

No
 Yes

19.13 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Moderate to severe chronic kidney disease

No
 Yes

19.14 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Solid tumor

None
 Localized
 Metastatic

19.15 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Leukemia

No
 Yes

19.16 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Lymphoma

No
 Yes

19.17 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Acquired immune deficiency syndrome (AIDS)

No
 Yes

19.18 ***If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:***
Charlson Score

Further explanation is available at the following link if required: <https://pubmed.ncbi.nlm.nih.gov/3558716/>

20. 30-day evaluation - 30-day Short Blessed Test

Number	Question	Answers
	“Now I would like to ask you some questions to check your memory and concentration. Some of them may be easy and some of them may be hard.”	
20.1	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> What year is it now?	<input type="radio"/> Correct <input type="radio"/> Incorrect
20.2	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> What month is it now?	<input type="radio"/> Correct <input type="radio"/> Incorrect
	Please repeat this name and address after me: John Brown, 42 Market Street, Chicago John Brown, 42 Market Street, Chicago John Brown, 42 Market Street, Chicago (underline words repeated correctly in each trial) Trials to learning_____ (can't do in 3 trials = C) Good, now remember that name and address for a few minutes	
20.3	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Without looking at your watch or clock, tell me about what time it is	<input type="radio"/> Correct <input type="radio"/> Incorrect
20.4	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Count aloud backwards from 20 to 1. Mark correctly sequenced numerals. If subject starts counting forward or forgets the task, repeat instructions and score one error 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors
20.5	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Say the months of the year in reverse order: If the tester needs to prompt with the last name of the month of the year, one error should be scored – mark correctly sequenced months. D N O S A JL JN MY AP MR F J	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors
20.6	<i>If 'Is it possible to perform the evaluation 30 days after the surgery?' is equal to 'Yes' answer this question:</i> Repeat the name and address you were asked to remember: John Brown, 42 Market Street, Chicago	<input type="radio"/> 0 errors <input type="radio"/> 1 error <input type="radio"/> 2 errors <input type="radio"/> 3 errors <input type="radio"/> 4 errors <input type="radio"/> 5 errors

Short Blessed Test (SBT) Administration and Scoring Guidelines: please see:
<http://regionstrauma.org/blogs/sbt.pdf>

