

**Patient no:**  
**SCREENING DATA**

**Questions or assistances call: +45 35 45 6949**

**Welcome to the AID-ICU trial screening procedure**

### Patient identification

Trial Identification Number	Name	CPR/PIN/NIN

Code	Country	Site	Patient id
DK	Denmark	01-99	001-999
SW	Sweden	01-99	001-999
NO	Norway	01-99	001-999
FI	Finland	01-99	001-999
NL	Netherland	01-99	001-999
SD	Switzerland	01-99	001-999
DD	Germany	01-99	001-999
GB	United Kingdom	01-99	001-999
IT	Italy	01-99	001-999
FR	France	01-99	001-999
BE	Belgium	01-99	001-999
ES	Spain	01-99	001-999
CD	Canada	01-99	001-999
BA	Brazil	01-99	001-999

**Inclusion criteria**

S2 Patient age  $\geq$  18 years at ICU admission?  Y  N

**AND**  
S3 Was the patient acutely admitted?  Y  N

Any patient admitted unexpectedly in the ICU. Etc. A patient scheduled for operation with an expected ICU stay after is NOT admitted acute.

**Exclusion criteria**

Please ensure that the patient does NOT fulfil any criteria below at ICU admission

- S4  Y  N Has the patient been diagnosed with mental illness of schizophrenia and/or psychosis and/or major depression (ICD 10; F20-29; F30, F31, F32, F33)?
- S5  Y  N Has the patient been diagnosed with a neurodegenerative disorder as Dementia or Parkinson (ICD 10; F02-04)?
- S6  Y  N Was the patient institutionalized because of mental illness or cognitive mental retardation?
- S7  Y  N Was the patient described with previous congenital or acquired brain damaged? Stroke within the last 2 weeks, ongoing seizures, suspected anoxic brain injury or acute traumatic brain injury?
- S8  Y  N Has the patient been admitted to a hospital, within the last 6 month, with hepatic-induced coma, drug overdose or suicide attempt?
- S9  Y  N Was the patient described as blind or deaf?

Instruction to CTU: answer is required to all questions

Go to screening page X if:

“**NO**” to all (S4-S9)

ABORT if:

“**YES**” to one of (S4-S9)

This patient fulfils one or more exclusion criteria. Thus, this patient cannot be included in the AID-ICU trial.

If this is correct, press submit. Otherwise press previous.

S10	<input type="checkbox"/> Y	<input type="checkbox"/> N	“YES” if there have been obtained informed consent.	
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Instructions to CTU: answer is required to all questions.

Finish 😊

Go to general patient information