

Patient no:  
SCREENING DATA

Questions or assistances call: +45 35 45 6949

**Instructions to CTU: All questions must be answered. “Unobtainable” can be e.g. a button or a checked box.**

## Welcome to the AID-ICU trial screening procedure

If the patient is eligible.....

### Patient identification

S1	<b>Patient's Identification Number</b>	_ _ _ _ _ _ _ _ _	
		For you to generate the patient identification number, please give country code, site code and then the number given to you by the database. To get your country and site code, please see list below	

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

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**Inclusion criteria**

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

S3 **AND**  
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 dis 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 (S5-S11)

ABORT if:

“YES” to one of (S5-S11)

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.

**Informed consent**

S12	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Not needed	“YES” if there have been obtained informed consent.	
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Instructions to CTU: answer is required to all questions

Finish ☺

Go to the DAY 1 form