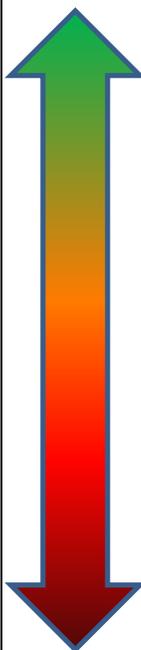


Abbreviated Scoring Sheet: Impairment and Disability Domains of the CPC-E: CIRCLE RATINGS

		ASSESSED PRIOR TO DISCHARGE					ASSESSED POST DISCHARGE				
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Domain Levels		Alert	Logical Thinking	Attention	Short Term Memory *	Motor	Basic Activities of Daily Living (BADLs)	Mood	Fatigue	Complex Activities of Daily Living (CADLs)	Return to Work
	1	Spontaneously orients or responds to person entering room	Correctly answers all 4 questions	No errors	4 words recalled	Ambulates without assistance	Independent in 4/4 (eating, dressing, transferring and toileting)	I feel positive and hopeful most of the time	I feel fatigued none of the time	Independent in 4/4 (medication management, food preparation, shopping and transportation)	Currently performing 100% pre CA [§] work tasks ^{€€}
	2	Requires only verbal stimulus to orient or respond to observer	Correctly answers 3/4 questions	1 error	3 words recalled	Ambulates with assistance	Independent in 3/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful some of the time	I feel fatigued rarely	Independent in 3/4 (medication management, food preparation, shopping or transportation)	Currently performing 75% pre CA [§] work tasks ^{€€}
	3	Requires light touch and verbal stimulus to orient or respond to observer	Correctly answers 2/4 questions	2 errors	2 words recalled	Needs assistance to stand	Independent in 2/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful occasionally	I feel fatigued occasionally	Independent in 2/4 (medication management, food preparation, shopping or transportation)	Currently performing 50% pre CA [§] work tasks ^{€€}
	4	Requires noxious stimulus to orient or respond to observer	Correctly answers 1/4 questions	3 errors	1 word recalled	Unable to sit without assistance	Independent in 1/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful rarely	I feel fatigued some of the time	Independent in 1/4 (medication management, food preparation, shopping or transportation)	Currently performing 25% pre CA [§] work tasks ^{€€}
	5	No response to voice or physical stimulation; may observe abnormal reflex or posturing	0/4: Does not answer any question correctly	4 errors	No words recalled	Activity limited to moving in bed	0/4: Not independent in any BADLs	I feel positive and hopeful none of the time	I feel fatigued all of the time	0/4: Not independent in any CADLs	0%: Currently unable to perform any pre CA [§] work tasks ^{€€}
	6	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
	7		Not Testable	Not Testable	Not Testable						

* Scoring is based on the delayed recall trial (page 12). §CA: Cardiac Arrest €€ Includes retiree or homemaker. ©2014, Holm-Raina-Balouris-Rittenberger-Rogers-Callaway. All Rights Reserved

CPC-E SUBJECT ID: _____ Date: ___/___/____ Data Collected By: _____

Table 1.1 Second Level Descriptors for the Alert Domain

1.	Spontaneously orients or responds to person entering room	Patient spontaneously orients or responds to observer (i.e., tracks with eyes/turns head toward person entering room).
2.	Requires only verbal stimulus to orient or respond to observer	Patient requires only verbal stimulus to orient or respond to observer.
3.	Requires light touch and verbal stimulus to orient or respond to observer	Patient requires light touch and verbal stimulation to orient or respond to observer.
4.	Requires noxious stimulus to orient or respond to observer	Patient requires noxious stimulus to orient or respond to observer.
5.	No response to voice or physical stimulation; may observe abnormal reflex or posturing	No eye opening or spontaneous speaking. Does not follow commands, and when provoked by a noxious stimulus eyes remain closed. Motor activity is absent or abnormal and reflexive, rather than purposeful or defensive.
References	A.	Sessler CN, Gosnell M, Grap MJ, Brophy GT, O'Neal PV, Keane KA et al. The Richmond Agitation-Sedation Scale: validity and reliability in adult intensive care patients. <i>Am J Respir Crit Care Med</i> 2002;166:1338-1344.
	B.	Khan BA, Guzman O, Campbell NL, Walroth T, Tricker J, Hui SL, Perkins A, Zawahiri M, Buckley JD, Farber MO, Ely W, Boustani MA. Comparison and agreement between the Richmond Agitation-Sedation Scale and the Riker Sedation-Agitation Scale in evaluating patients' eligibility for delirium assessment in the ICU. <i>Chest</i> . 2012 Jul;142(1):48-54. doi: 10.1378/chest.11-2100.
	C.	Ely EW, Truman B, Shintani A, Thomason JWW, Wheeler AP, Gordon S et al. Monitoring sedation status over time in ICU patients: the reliability and validity of the Richmond Agitation Sedation Scale (RASS). <i>JAMA</i> . 2003; 289:2983-2991.
	D.	Jennet B. Review Article: Development of Glasgow Coma and Outcome. <i>Nepal J of Neuroscience</i> . 2005;2:24-28.
	E.	Plum F, Posner JB. <i>The Diagnosis of Stupor and Coma</i> . 1995, 2nd Ed, FA Davis, Philadelphia. pgs. 4-5.
	F.	Plum F, Posner JB: <i>The Diagnosis of Stupor and Coma. Contemporary Neurology Series</i> . 2007, 4th Ed, FA Davis, Philadelphia, p. 40.
	G.	The Multi-Society Task Force on PVS. Medical aspects of the persistent vegetative state (1). <i>N Engl J Med</i> . 1994;330:1499-1508. PMID: 7818633

Table 1.2 Second Level Descriptors for the Short-term Memory Domain

Administration:

Part 1: Tell the patient, “Listen carefully. This is a memory test. I am going to read a list of words that I want you to remember. I will ask you to repeat these words now and later on, at the end of my visit. When I am through, tell me as many words as you can remember.” (*While pausing at least 1 second between each word*), Say: “The words are: **Book, goat, dirt, and hand**. Repeat the words to me.” [For each word that is repeated, place a check in the Part 1 box **but do not score.**]

	Part 1 (Record but do not score)	Part 2 (Record but do not score)	Part 3 Completed and scored at the end of your visit
Book			
Goat			
Dirt			
Hand			

Part 2: After the subject has recalled all, or as many as words as (s)he can remember, read the list a *second* time with the following instructions: “I am going to read the same list again. Try to remember and tell me as many words as you can. The words are: **Book, goat, dirt, and hand**. Repeat the words to me.” [For each word that is repeated by the patient, place a check in the Part 2 box above **but do not score.**]

Now inform the patient that (s)he will be asked to recall these words again by saying, “I will ask you to recall those words again at the end of my visit.”

If the patient has a tracheostomy and you are unable to lip read, ask the patient to write the correct word or read from the list of words below* and ask for a hand gesture or eye closure: Tell the patient, “Lift your hand (or close your eyes) when you hear the word that I mentioned earlier.” While pausing between words, say:

- 1) “Is the correct word: Pen, desk, or book?”
- 2) “Is the correct word: Horse, goat or lamb?”
- 3) “Is the correct word: Dirt, sand or rock?”
- 4) “Is the correct word: Foot, hand or head?”

*List of word options will be on the back of Table 1

Scoring: No points are given for Parts 1 and 2. **Scoring is based on the delayed recall trial (Part 3). A prompt will appear on page 12, the last page of this document.**

PART 3 (scored at the end of your visit)

1.	4 words recalled	Able to recall all 4 words.
2.	3 words recalled	Able to recall 3 words.
3.	2 words recalled	Able to recall 2 words.
4.	1 word recalled	Able to recall 1 word.
5.	No words are recalled	Unable to recall any words.
Reference	http://www.alphabeticalist.com/9000%20foldera/all1-2-3-4-words.html From the most frequently used 1-2-3-4 letter words in the English language:	

Table 1.3 Second Level Descriptors for the Logical Thinking Domain

Administration: Ask the patient to answer the following 4 questions:*	
<ol style="list-style-type: none"> 1. Will a stone float on water? (Correct answer is “No”) 2. Are there fish in the sea? (Correct answer is “Yes”) 3. Does one pound weigh more than two? (Correct answer is “No”) 4. Can you use a hammer to pound a nail? (Correct answer is “Yes”) 	
If the patient is hard of hearing, deaf or aphasic, attempt the questions in written form. If the patient has a tracheostomy: Thumbs up = Yes; Thumbs down= No.	
1.	Correctly answers all 4 questions.
2.	Correctly answers 3/4 questions.
3.	Correctly answers 2/4 questions.
4.	Correctly answers 1/4 questions.
5.	0/4: Does not answer any question correctly.
References	A. *Adapted from: Confusion Assessment Method for the ICU (CAM-ICU): The CAM-ICU is a delirium monitoring instrument for ICU patients. Copyright ©2002, E. Wesley Ely, MD, MPH and Vanderbilt University, all rights reserved. [used with permission of the author]
	B. Ely EW, Inouye SK, Bernard GR, Gordon S, Francis J, May L, Truman B, Speroff T, Gautam S, Margolin R, Hart RP, Dittus R. Delirium in mechanically ventilated patients: validity and reliability of the confusion assessment method for the intensive care unit (CAM-ICU). JAMA 2001;286(21):2703-2710. Doi: 10.1001/jama.286.21.2703
	C. Inouye SK, van Dyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990;113:941–8.
	D. Vanderbilt University Medical Center website. CAM-ICU Training Manual and Instructional Video. Accessed February 21, 2013 from http://www.mc.vanderbilt.edu/icudelirium/index.html .

Table 1.4 Second Level Descriptors for the Attention Domain

Administration: Say to the patient, "I am going to read you a series of 10 letters. Whenever you hear the letter 'A,' squeeze my hand." * Read letters from the following list in a normal tone, 3 seconds apart.

S A V E A H A A R T

Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A."

If the patient is hard of hearing (first check for hearing aide), deaf or aphasic, this domain may not be testable. (Select number 7 under the Attention Domain in Table 1). *

*Clinician needs to select a consistent, reproducible response if the patient is unable to squeeze clinician's hand.

1.	No errors with squeezing	The patient correctly squeezes only when the letter "A" is mentioned. (i.e., correctly squeezes 4/4 times when the letter "A" is mentioned)
2.	1 error with squeezing	The patient squeezes on a wrong letter or fails to squeeze on the letter "A."
3.	2 errors with squeezing	The patient squeezes on 2 wrong letters and/or fails to squeeze on the letter "A" twice, or a combination of errors.
4.	3 errors with squeezing	The patient squeezes on 3 wrong letters and/or fails to squeeze on the letter "A" three times, or a combination of errors.
5.	4 or more errors with squeezing	The patient squeezes on 4 wrong letters and/or fails to squeeze on the letter "A" four times, or a combination of errors.
References	A.	*Adapted from: Confusion Assessment Method for the ICU (CAM-ICU): The CAM-ICU is a delirium monitoring instrument for ICU patients. Copyright ©2002, E. Wesley Ely, MD, MPH and Vanderbilt University, all rights reserved. [used with permission of the author]
	B.	Vanderbilt University Medical Center website. CAM-ICU Training Manual and Instructional Video. Accessed February 21, 2013 from http://www.mc.vanderbilt.edu/icudelirium/index.html .

Table 1.5 Second Level Descriptors for the Motor Domain

Gross screening of motor weakness.	
Administration: Check either the nursing, physical therapy or occupational therapy notes. If the patient has a tracheostomy, select the highest level of tolerated activity.	
1.	Patient ambulates without assistance. (assistance equals help from another individual)
2.	Patient ambulates with assistance. (assistance equals help from another individual)
3.	Patient needs assistance to stand. (assistance equals help from another individual)
4.	Patient is unable to sit without assistance. (assistance equals help from another individual)
5.	Patient's activity is limited to moving in bed.
Reference	Adapted from: Said CM, Morris ME, Woodward M, Churilov L, Bernhardt J. Enhancing physical activity in older adults receiving hospital based rehabilitation: A phase II feasibility study. BMC Geriatr. 2012 Jun 8; 12:26. doi: 10.1186/1471-2318-12-26. PMID:22676723

Table 1.6 Second Level Descriptors for the Basic Activities of Daily Living (BADLs) Domain

Administration: The examiner records the CURRENT level of independence in basic activities of daily living (BADLs). Independence is defined as no assistance from another person. It may be necessary to refer to the nursing and occupational therapy notes in the patient's chart.	
<u>Basic Activities of Daily Living (BADLs)</u> Four basic human activities: Eating, dressing, transferring and toileting	
1.	Independent in 4/4 (eating, dressing, transferring and toileting).
2.	Independent in 3/4 (eating, dressing, transferring or toileting).
3.	Independent in 2/4 (eating, dressing, transferring or toileting).
4.	Independent in 1/4 (eating, dressing, transferring or toileting).
5.	0/4: Not independent in any BADLs.
References	A. Katz S, Akpom, CA. Index of ADL. Medical Care. 1976;14(5 Suppl):116-8.PMID: 132585
	B. Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. The Gerontologist. 1969;9(3 Part 1):179-186 PMID:5349366 C. Tamaru, A, McColl, MA, Yamasaki, S. Understanding 'independence': perspectives of occupational therapists. Disabil Rehabil. 2007 Jul 15;29(13):1021-33. PMID:17612987
	C. Katz S, Akpom, CA. Index of ADL. Medical Care. 1976;14(5 Suppl):116-8.PMID: 132585

Table 1.7 Second Level Descriptors for the Mood Domain

Administration: <u>Not</u> administered in the ICU/hospital. ADMINISTERED AT FOLLOW-UP.	
Using the 5 options below, the Examiner asks the patient to complete this sentence: “Today, I feel positive and hopeful...”	
1.	Most of the time.
2.	Some of the time.
3.	Occasionally.
4.	Rarely.
5.	None of the time.
Reference	Kroenke K, Spitzer RL. The PHQ-9: a new depression and diagnostic severity measure. <i>Psychiatric Annals</i> . 2002;32: 509-521.

Table 1.8 Second Level Descriptors for the Fatigue Domain

	Administration: <i>Not</i> administered in the ICU/hospital. ADMINISTERED AT FOLLOW-UP. Using the 5 options below, the Examiner asks the patient to complete this sentence: “I feel fatigued...”	
1.	None of the time	
2.	Rarely	
3.	Occasionally	
4.	Some of the time	
5.	Most of the time	
References	A.	Adapted from: ASCPRO Recommendations for the assessment of fatigue as an outcome in clinical trials. Barsevick AM, Cleeland CS, Manning DC, O'Mara AM, Reeve BB, Scott JA, and Sloan JA. Journal Pain Symptom Manage. Author manuscript; available in PMC 2011 June 1. Published in final edited form as: J Pain Symptom Manage. 2010 June; 39(6): 1086–1099. PMID: PMC2909842 NIHMSID: NIHMS207733 doi: 10.1016/j.jpainsymman.2010.02.006
	B.	Norberg EB, Boman K, Lofgren B. Activities of daily living for old persons in primary health care with chronic heart failure. Scandinavian journal of caring sciences 2008;22:203-10.
	C.	Evangelista LS, Moser DK, Westlake C, Pike N, Ter-Galstanyan A, Dracup K. Correlates of fatigue in patients with heart failure. Progress in cardiovascular nursing 2008;23:12-7.
	D.	Saner H, Rodriguez EB, Kummer-Bangerter A, R. S, von Planta M. Quality of life in longterm survivors of out-of-hospital cardiac arrest. Resuscitation 2002; 2002:7-13.
	E.	Appels A, Golombeck B, Gorgels A, de Vreede J, van Breukelen G. Behavioral risk factors of sudden cardiac arrest. Journal of Psychosomatic Research 2000; 48:463-9.

Table 1.9 Second Level Descriptors for the Complex Activities of Daily Living (CADLs) Domain

<p>Administration: <i>Not</i> administered in the ICU/hospital. ADMINISTERED AT FOLLOW-UP. The examiner asks the patient: “Do you need assistance from another person to manage your medications, prepare your food, shop, drive, or use public transportation?”</p> <p>The examiner records the CURRENT level of independence in complex activities of daily living (CADLs). Independence is defined as no assistance from another person.</p>	
<p><u>Complex Activities of Daily Living (CADLs):</u></p> <p>Responsible for own medication (medication management), food preparation, shopping and transportation (drives or uses public transportation)</p>	
1.	Independent in 4/4 (medication management, food preparation, shopping and transportation).
2.	Independent in 3/4 (medication management, food preparation, shopping or transportation).
3.	Independent in 2/4 (medication management, food preparation, shopping or transportation).
4.	Independent in 1/4 (medication management, food preparation, shopping or transportation).
5.	0/4: Not independent in any CADLs.
References	A. Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. The Gerontologist. 1969;9(3 Part 1):179-186 PMID:5349366
	B. Dunlop, DD, Hughes, SL, Manheim, LM. Disability in activities of daily living: Patterns of change and hierarchy of disability. American Journal of Public Health. 1997;87(3):378383cn

Table 1.10 Second Level Descriptors for the Return to Work Domain

Administration: *Not* administered in the ICU/hospital. ADMINISTERED AT FOLLOW-UP. The examiner asks the patient “Were you employed, a retiree, or a full-time homemaker, immediately prior to your cardiac arrest?”

Circle response: YES/ NO

If YES, ask patient for his or her **CURRENT** status: “If so, what percent of your pre-CA work tasks are you currently able to perform?”

Select the lower score if a patient gives you a number between one of the 5 options. For example, if the patient reports “About ~30%,” select 25% (number 4).

If NO, DO NOT COMPLETE THIS ITEM.

1.	100%	Currently performing 100% of pre-CA work tasks (includes retiree/homemaker).
2.	75%	Currently performing 75% of pre-CA work tasks (includes retiree/homemaker).
3.	50%	Currently performing 50% of pre-CA work tasks (includes retiree/homemaker).
4.	25%	Currently performing 25% of pre-CA work tasks (includes retiree/homemaker).
5.	0%	Currently unable to perform any of pre-CA work tasks (includes retiree/homemaker).
References	A.	MacEachen E, Clarke J, Franche RL, Irvin E. Systematic review of the qualitative literature on return to work after injury. <i>Scandinavian Journal of Work, Environment & Health</i> . 2006;257-269.
	B.	Krause N, Dasinger LK, Neuhauser F. Modified work and return to work: a review of the literature. <i>Journal of Occupational Rehabilitation</i> . 1998;8(2):113-139.
	C.	Saner H, Borner RE, Kummer-Bangerter A, Schuppel R, von Planta M. Quality of life in long-term survivors of out-of-hospital cardiac arrest. <i>Resuscitation</i> . 2002;53:7-13.
§ CA: Cardiac Arrest		

Table 1.2 Second Level Descriptors for the Short-term Memory Domain

Administration: “Earlier in my visit, I asked you to remember a few words. Please tell me as many words as you can remember.” Place a check in the space next to each word in Part 3 Delayed Recall:		
If the patient has a tracheostomy and you are unable to lip read, ask the patient to write the correct word or read from the list of words below* and ask for a hand gesture or eye closure: Tell the patient, “Lift your hand (or close your eyes) when you hear the word that I mentioned earlier.” While pausing between words, say:		
1) <i>“Is the correct word: Pen, desk or book?”</i>		
2) <i>“Is the correct word: Horse, goat or lamb?”</i>		
3) <i>“Is the correct word: Dirt, sand or rock?”</i>		
4) <i>“Is the correct word: Foot, hand or head?”</i>		
Scoring: No points are given for Parts One and Part Two. Scoring is based on the Part 3 Delayed Recall trial only. Record below and refer to the 1-5 scoring levels below.		
	Part 3: Delayed Recall (Score and Record)	
Book		
Goat		
Dirt		
Hand		
1.	4 words recalled	Able to recall all 4 words.
2.	3 words recalled	Able to recall 3 words.
3.	2 words recalled	Able to recall 2 words.
4.	1 word recalled	Able to recall 1 word.
5.	No words are recalled	Unable to recall any words.
Reference	From the most frequently used 1-2-3-4 letter words in the English language : http://www.alphabeticalist.com/9000%20foldera/all1-2-3-4-words.html	