Development and Validation of the Cerebral Performance Categories- Extended (CPC-E):
Patient Data Form for Chart Review

Participant code: _______________________________________________________

Demographics:

Date of Birth: ___ / ___ / ___ ___ ___ ___  Age: _______ yrs

Race:  Gender:  
O White  O Male  
O African-American  O Female  
O American Indian  
O Pacific Islander (includes Asian and Native Hawaiian)

Highest Education Completed:

O < 7 years  O Partial college
O 7 - 9 years  O College graduate
O 10 - 12 years but did not graduate  O Graduate/ professional training
O High school graduate  O Not recorded
O Trade/ technical school

Marital Status:

O Single, never married  O Separated
O Living as married  O Divorced
O Married  O Not recorded
O Widowed

Living Status:

O Lives alone  O Lives with other relative
O Lives with spouse  O Lives with non-relative
O Lives with son or daughter  O Other ______________________________
O Lives with sister or brother  O Not recorded

Living Environment:

O House  O Apartment
O Other ______________________________

Pre-Cardiac Arrest Occupation:

O Professional, technical, and managerial occupations  O Machine trades occupations
O Clerical & sales occupations  O Benchwork occupations
O Service occupations  O Structural work occupations
O Agricultural, fishery, forestry, and related occupations  O Other ______________________________
O Processing occupations  O Not recorded

CPC-E Subject ID: ______ Date: ___ / ___ / 20__ ___  Data collected by: ________
Medical Data:

* Date of arrest: __ __ / __ __ / 20__ __

* Out-of- Hospital Cardiac Arrest (OHCA): Yes No

If Yes, location: _______________________________

* Time from Cardiac Arrest: _______________

* Etiology:

O Cardiac
O CVA/Stroke
O Drowning
O Suffocation/ strangulation
O Trauma
O Drugs/ alcohol

O Respiratory arrest (asthma, CO poisoning, choking, aspiration)
O Electric shock
O Hypothermia
O Hypothermia (not related to Drowning)
O Other ________________________________

Witnessed Arrest (seen or heard by family, bystander): Yes No Unknown

Bystander CPR: Yes No Unknown

* Rhythm:

<table>
<thead>
<tr>
<th>O Ventricular fibrillation/ Tachycardia (VF/VT)</th>
<th>O Asystole</th>
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<tr>
<td>O Pulseless Electrical Activity (PEA)</td>
<td>O Unknown</td>
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<td>O Torsades</td>
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* Hypothermia Intended: Yes No Unknown

* Hypothermia Achieved: Yes No Unknown

* Rescue shocks: Yes No Unknown

Patient in Coma: Yes No Unknown

Duration of Coma: __ __ / __ __ / 20____ to __ __ / __ __ / 20____ = ______ Days

Patient Intubated: Yes No Unknown

Duration of Intubation: __ __ / __ __ / 20____ to __ __ / __ __ / 20____ = ______ Days

ICU Length of Stay (LOS): __ __ / __ __ / 20____ to __ __ / __ __ / 20____ = ______ Days

Hospital Length of Stay (LOS): __ __ / __ __ / 20____ to __ __ / __ __ / 20____ = ______ Days

Vascular Procedures:

O AICD/Pacemaker implantation
O CABG
O Cardiac Catheterization
O Percutaneous Coronary Intervention (PCI) (stent/laser)
Rehabilitation Services
O PT
O OT
O SLP
O Other __________________________

SCALES

O Cerebral Performance Category (CPC) Score: _____________
O Modified Rankin Scale (mRs) Score: _____________

Basic Activities of Daily Living attempted:
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-----------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------

Complex Activities of Daily Living attempted
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-----------------------------------------------------------------------------------------------------------------------------

Discharge Recommendations
O Home
O Family member’s home
O Acute Care Hospital
O Inpatient Rehabilitation Facility (IRF)/ Long-Term Acute Care Hospital (LTAC)
O Hospital-Based Transitional Care Unit
O Skilled Nursing Facility (SNF) or Community-based sub-acute facility
O Extended Care Facility (ECF)
CO-MORBIDITIES/PMH:
O Cardiovascular Disease.
  O MI
  O CABG
  O AICD
  O Stent
O Neurological Disease
  O Stroke
  O Parkinson’s disease
  O Multiple Sclerosis
  O Other: ________________________
O Pulmonary Disease
  O COPD
  O Other: ______________________________________________________________________

Chronic Medications:

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