

Appendix

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

The TARGET investigators on behalf of the Australian and New Zealand Intensive Care Society Clinical Trials Group. Study protocol for the Augmented versus Routine Approach to Giving Energy Trial (TARGET). *Crit Care Resusc* 2018; 20 (1): 6-14

Section 1. The Augmented versus Routine approach to Giving Energy Trial investigators

Working party

Marianne Chapman (Co-chair and Chief Investigator), Sandra Peake (Co-chair), Rinaldo Bellomo, Andrew Davies, Adam Deane, Sally Hurford S (Project Manager New Zealand), Lorraine Little (Project Manager), Diane Mackle (Project Manager New Zealand), Stephanie O'Connor, Jeffery Presneill, Emma Ridley, Vanessa Singh, Patricia Williams, Paul Young.

Management committee

Marianne Chapman (Co-chair and Chief Investigator), Sandra Peake (Co-chair), Rinaldo Bellomo, Andrew Davies, Adam Deane, Suzie Ferrie, Frank van Haren, Michael Horowitz, Sally Hurford S (Project Manager New Zealand), Theodore Iwashyna, Kylie Lange, Lorraine Little (Project Manager), Edward Litton, Diane Mackle (Project Manager New Zealand), Stephanie O'Connor, Jeffery Presneill, Emma Ridley, Vanessa Singh, Patricia Williams, Paul Young.

Site investigators (hospitals are in Australia unless specified)

Auckland City Hospital CVICU, Auckland, NZ, S McGuinness, R Parke, E Gilder, A Blackmore, J Dalton, M Butler, S Long, S Wallace, K-A Cowdrey; Auckland City Hospital DCCM, Auckland, NZ, C McArthur, C Hourigan, Y Chen, L Newby, R McConachie; Austin Health, Melbourne, VIC, R Bellomo, G Eastwood, L Peck, H Young; Bendigo Hospital, Bendigo, VIC, J Fletcher, J Smith, C Boschert; Blacktown Hospital, Sydney, NSW, K Gandhi, C Shirwadkar, T Sara, K Nand; Bunbury Hospital, Bunbury, WA, R Krishnamurthy, E Arthur, M Draper; Canberra Hospital, Canberra, ACT, S Rai, F van Haren, S Spiller, M Nourse, H Chadwick, J Russell-Brown, S McKew, H Rodgers, K Jefferson; Christchurch Hospital, Christchurch, NZ, D Closey, S Henderson, J Mehrtens, E Minto, A Morris, K

Parker, K Miller; Concord Hospital, Sydney, NSW, R Cross, HS Ping Wong; Dandenong Hospital, Melbourne, VIC, S Vij, K Shepherd, N Percy, L Dinh; Fiona Stanley Hospital, Perth, WA, B De Keulenaer, E Litton, A Palermo, S Pellicano, E Eroglu; Footscray Hospital, Melbourne, VIC, C French, F McGain, J Mulder, M Towns, S Bates, R Morgan; Frankston Hospital, Melbourne, VIC, A Davies, A Goodman, F Turnbull, C Green; Gosford Hospital, Gosford, NSW, A Gaur, R Cameron, K Ellis, M White, E Turner, S Donovan; Hawkes Bay District Health Board, Hawkes Bay, NZ, M Park, M Bailey, D Chalmers, L Chadwick, C Rolls, P Park; Hutt Valley Hospital, Hutt Valley, NZ, A Stapleton, C Chapman; Launceston Hospital, Launceston, TAS, M Brain, S Mineall; Liverpool Hospital, Sydney, NSW, A Stewart, A Aneman, M Acosta, L Lombardo; Logan Hospital, Meadowbrook, QLD, H White, S Sane, L Morrison, J Sutton; Lyell McEwin Hospital, Adelaide, SA, V Biradar, N Soar; Middlemore Hospital, Auckland, NZ, A Kazemi, T Williams, R Song, A Dias, V Lai, J Aguila,; Nelson Hospital, Nelson, NZ, B King, I Hamilton,; Nepean Hospital, Sydney, NSW, I Seppelt, C Whitehead, R Gresham, K Masters, J Lowrey, A Scott; North Shore Hospital, North Shore, NZ, L Maher, M Carpenter, R Dagooc; Princess Alexandra Hospital, Brisbane, QLD, J Walsham, A Krishnan, J Meyer, E Saylor, E Venz; Rotorua Hospital, Rotorua, NZ, U Buehner, E Williams; Royal Adelaide Hospital, Adelaide, SA, M Chapman, S O'Connor, J Rivett, K Glasby, A Poole, S Doherty, J McIntyre; Royal Brisbane and Women's Hospital, Brisbane, QLD, J Lipman, J Stuart, T Starr, A Livermore, M Lassig-Smith, J Butler, C Fourie; Royal Hobart Hospital, Hobart, TAS; D Cooper, R McAllister, K Prins; Royal Melbourne Hospital, Melbourne, VIC, A Deane, C MacIsaac, J Presneill, D Barge, S Doherty, K Byrne; Royal North Shore Hospital, Sydney, NSW, A Delaney, E Yarad, A O'Connor, F Bass, N Hammond, K Kamala Sapkota, E Fitzgerald; Royal Prince Alfred Hospital, Sydney, NSW, S Ferrie, D Gattas, H Buhr, J Coles, D Hutch, L-W Wun; Sir Charles Gairdner Hospital, Perth, WA, B Wibrow, M Anstey, B Roberts; St George Hospital, Sydney NSW, T Jacques, M Saxena, D Inskip, J Miller, R Sidoli; St John of God Hospital Murdoch, Perth, WA, A Regli, A Palermo; St Vincent's Hospital, Melbourne, VIC, J Santamaria, B Dixon, A Tobin, J Holmes, R Smith, L Barbazza; St Vincent's Hospital, Sydney, NSW, M Gopalakrishnan, C Reynolds, N Baker; Sunshine Hospital, Melbourne, VIC, C French, F McGain, G Fennessy, M Towns, S Bates, R Morgan; Sydney Adventist Hospital, Sydney, NSW, P Janin, L Shields, K Thomas; Tauranga Hospital, Tauranga, NZ, T Browne, J Goodson, V Higson, S Nelson; The Queen Elizabeth Hospital, Adelaide, SA, S Peake, N Robaa, P Williams, C Kurenda; Toowoomba Hospital, Toowoomba, QLD, I Chatterjee, J Smith; University Hospital Geelong, Geelong, VIC, M

Maiden, A Bone, T Elderkin, D Sach; Waikato Hospital, Waikato, NZ, A Forrest, R Martynoga, B Murrin, J Barlow-Armstrong, K Trask; Wellington Regional Hospital, Wellington, NZ, P Young, E Lesona, A Hunt, R Cruz, A Vucago, C Firkin, F Fitzjohn, C Lawrence, H Judd, G Hill; Westmead Hospital, Sydney, NSW, V Nayyar, J Kong, J Ho.

Section 2. European Quality of Life 5 Dimensions 5 Level

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems with walking around
- I have slight problems with walking around
- I have moderate problems with walking around
- I have severe problems with walking around
- I am unable to walk around

PERSONAL CARE

- I have no problems with washing or dressing myself
- I have slight problems with washing or dressing myself
- I have moderate problems with washing or dressing myself
- I have severe problems with washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

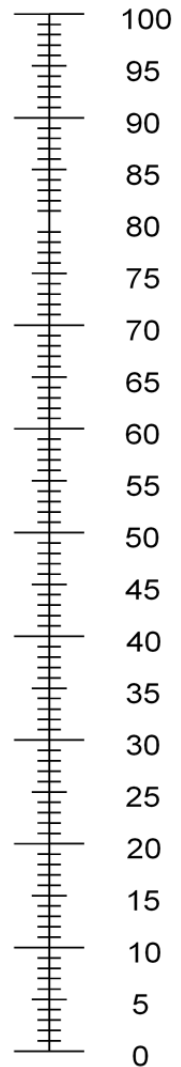
0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



Worst imaginable
health state

Section 3. World Health Organisation Disability Assessment Schedule version 2.0

Section 1 Face sheet

Complete items F1–F5 before starting each interview			
F1	Respondent identity number		
F2	Interviewer identity number		
F3	Assessment time point (1, 2, etc.)		
F4	Interview date	_____	_____
		day	month
			year
F5	Living situation at time of interview (circle only one)	Independent	1
		Assisted	2
		Hospitalized	3

Section 2 Demographic and background information

A1	Record sex as observed	Female	1
		Male	2
A2	How old are you now?	_____ years	
A3	How many years in all did you spend <u>studying in school, college or university</u> ?	_____ years	
A4	What is your current marital status? <i>(Select the single best option)</i>	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
A5	Which describes your <u>main work status</u> best? <i>(Select the single best option)</i>	Paid work	1
		Self-employed, such as own your business or farming	2
		Non-paid work, such as volunteer or charity	3
		Student	4
		Keeping house/homemaker	5
		Retired	6
		Unemployed (health reasons)	7
		Unemployed (other reasons)	8

	Other (specify)_____	9
--	----------------------	----------

Section 4 Core questions

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S1	Standing for long periods such as 30 minutes?	1	2	3	4	5
S2	Taking care of your household responsibilities?	1	2	3	4	5
S3	Learning a new task, for example, learning how to get to a new place?	1	2	3	4	5
S4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
S5	How much have you been emotionally affected by your health problems?	1	2	3	4	5
In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S6	Concentrating on doing something for ten minutes?	1	2	3	4	5
S7	Walking a long distance such as a kilometre (or equivalent)?	1	2	3	4	5
S8	Washing your whole body?	1	2	3	4	5
S9	Getting dressed?	1	2	3	4	5
S10	Dealing with people you do not know?	1	2	3	4	5
S11	Maintaining a friendship?	1	2	3	4	5
S12	Your day-to-day work/school?	1	2	3	4	5

H1	Overall, in the past 30 days, how many days were these difficulties present?	Record number of days _____
H2	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	Record number of days _____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?	Record number of days _____

Flashcard 1*

Health conditions:

- Diseases, illnesses or other health problems
- Injuries
- Mental or emotional problems

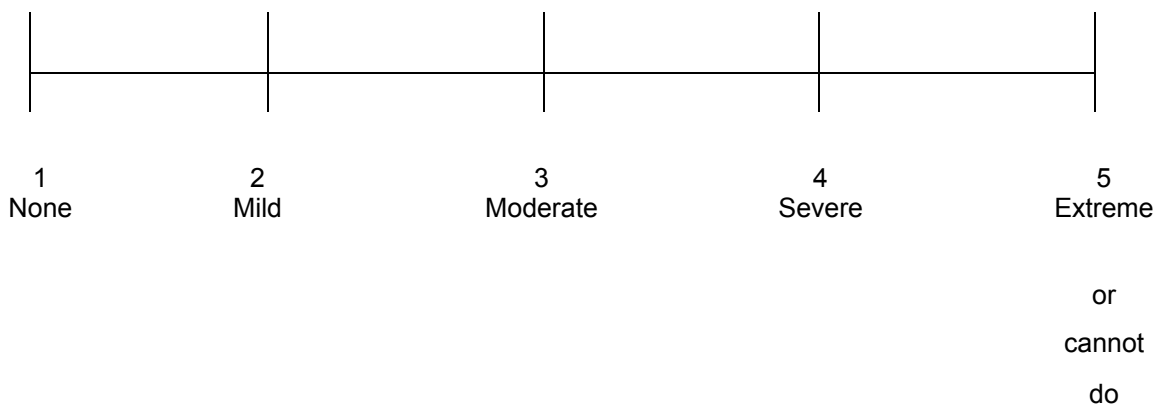
- Problems with alcohol
- Problems with drugs

Having difficulty with an activity means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity

Think about the past 30 days only.

Flashcard 2*



*Functional outcome assessments are conducted over the phone, the flashcard information is described.

Section 4. Australian Labour Force Survey

Part 1 Validating category and establishing baseline

Part 1: Thinking back to before you were admitted to hospital and the Intensive Care Unit, which one best described your employment situation in the four weeks prior to your admission. Please circle one only.		
1.1	Employed and worked for one hour or more for <u>pay, profit, commission or payment in kind</u> , in a job or business, or on a farm (comprising employees, employers and own account workers), or in the armed services, or in a family business	1. Yes 2. No If 1. go to Q2.1
1.2	Employed but on sick leave for the four weeks prior to hospital admission	1. Yes 2. No If 1. go to Q2.1
1.3	Unemployed and actively looked for full-time or part-time work at any time and available for work	1. Yes 2. No If 1. go to Q2.1
1.4	Unemployed and waiting to start a new job within four weeks of hospital admission	1. Yes 2. No If 1. go to Q2.1
1.5	Working but not employed in a paid role e.g. carer duties, volunteer work etc.	1. Yes 2. No If 1. complete WHODAS questionnaire
1.6	Going to school/university/TAFE and did not work during these four weeks <u>and</u> not looking for work or not available for work	1. Yes 2. No If 1. complete WHODAS questionnaire
1.7	Government support and not looking for work or not available for work	1. Yes 2. No If 1. complete WHODAS questionnaire
1.8	Retired	1. Yes 2. No If 1. complete WHODAS questionnaire

Part 2 Measuring current employment

2.1	Have you returned to work?	1. Yes 2. No If 1. go to 2.2 If 2. complete WHODAS questionnaire
2.2	What date did you start back at work?	dd/mm/yyyy
2.3	Thinking of all your paid jobs together , how many hours did you actually work in last week ?	_____Hours
2.4	Thinking of all your paid jobs together , how many hours do you usually work in a week? (averaged over the last four weeks)	_____Hours
2.5	During the last four weeks how many days of work/shifts have you missed because of problems from your stay in ICU?	_____days/shifts
2.6	During the last four weeks on a scale of 0 (unable to work) to 100 (I am as effective as I was prior to ICU admission) how effective are you at work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.7	Have you had to make major changes in the kind of work you do since ICU admission? (circle one only)	1. Yes and same job 2. Yes and new job 3. No

Section 5. Adelaide Activities Profile

How often have you prepared a main meal	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> Most days
How often have you washed the dishes	<input type="checkbox"/> Less than once a week	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> Most days	<input type="checkbox"/> Every day
How often have you washed the clothes	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How often have you done light housework	<input type="checkbox"/> Never	<input type="checkbox"/> Once a fortnight or less	<input type="checkbox"/> About once a week	<input type="checkbox"/> Several days a week
How often have you done heavy housework	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How many hours of voluntary or paid employment have you done	<input type="checkbox"/> None	<input type="checkbox"/> Up to 10 hours/week	<input type="checkbox"/> 10-30 hours/week	<input type="checkbox"/> More than 30 hrs/week
How often have you cared for other family members	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How often have you done household shopping	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How often have you done personal shopping	<input type="checkbox"/> Never	<input type="checkbox"/> Once in three months	<input type="checkbox"/> About once a month	<input type="checkbox"/> Once a fortnight or more
How often have you done light gardening	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How often have you done heavy gardening	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> Once a week or more
How often have you done household and/or car maintenance	<input type="checkbox"/> Never	<input type="checkbox"/> Once in three months	<input type="checkbox"/> About once a month	<input type="checkbox"/> Once a fortnight or more
How often have you needed to drive a car or organise your own transport	<input type="checkbox"/> Never	<input type="checkbox"/> Up to once a month	<input type="checkbox"/> Up to once a fortnight	<input type="checkbox"/> Once a week or more
How often have you spent some time on a hobby	<input type="checkbox"/> Never	<input type="checkbox"/> About once a month	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> More than once a week
How many telephone calls have you made to friends or family	<input type="checkbox"/> None	<input type="checkbox"/> Up to three calls/week	<input type="checkbox"/> 4-10 calls/week	<input type="checkbox"/> Over 10 calls/week
How often have you invited people to your home	<input type="checkbox"/> Less than once/fortnight	<input type="checkbox"/> About once a fortnight	<input type="checkbox"/> About once a week	<input type="checkbox"/> More than once a week

How often have you participated in social activities at a centre such as a club, a church or a community centre
<input type="checkbox"/> Less than once/month <input type="checkbox"/> About once a month <input type="checkbox"/> About once a fortnight <input type="checkbox"/> More than once a week
How often have you attended religious services or meetings
<input type="checkbox"/> Never <input type="checkbox"/> About once a month <input type="checkbox"/> About once a fortnight <input type="checkbox"/> Once a week or more
How often have you participated in an outdoor social activity
<input type="checkbox"/> Never <input type="checkbox"/> About once a month <input type="checkbox"/> About once a fortnight <input type="checkbox"/> Once a week or more
How often have you spent some time outdoor participating in a recreational or sporting activity
<input type="checkbox"/> Never <input type="checkbox"/> About once a month <input type="checkbox"/> About once a week <input type="checkbox"/> More than once a week
How often have you walked outdoors for 15 minutes or more
<input type="checkbox"/> Once/month or less <input type="checkbox"/> About once a fortnight <input type="checkbox"/> About once a week <input type="checkbox"/> Most days