Frailty study
Intervention group

PATIENT DATA

Background facts – filled out at inclusion

Signed informed consent ☐

Age (digits): _____

Gender: ☐ Female ☐ Male

Score CFS-9 (digits):_____
(5-8 to be included in study)

Housing situation

☐ Own housing without home help services or home nursing

☐ Own housing with home help services

☐ Own housing with home nursing

☐ Living in nursing facility

☐ Other:_____

_____

Biochemical markers:

Hb (g/L): _____

Creatinine (µmol/L):_____

eGFR (ml/min/1,73m^3):_____

Diagnosis

☐ Colon cancer

☐ Rectal cancer

Staging according to cTNM

T_____N_____M_____

Date of MDT _____

Date of first visit_____

Date of inclusion in study

_____

Screening according to ERAS

Modified SGA ☐ A ☐ B ☐ C

Alcohol ☐ AUDIT-C (**attach form**)

☐ Score_____

Smoking ☐ No ☐ Ex-smoker

☐ Yes, number of pack-years_____

Signature

_____

PATIENT DATA

Frailty study
Intervention group

Check list – filled out by study nurse during the day of intervention

Date of day of intervention _____

Conducted screenings (attach forms)

EQ-5D-5L	☐
MMSE	☐
SMA + list of medications	☐
MNA-SF	☐
ADL	☐
HGS	☐
6 MWT	☐
CCI	☐
CFS-9 (first page)	☐

Patient assessed by:

Study nurse	☐
Physician	☐
Physiotherapist/Occupational therapist	☐
Dietician	☐

Weekly interprofessional meeting:

Week 1 ☐ (date)_____

Continued intervention_____

Week 2 ☐ (date)_____

Continued intervention_____

Week 3 ☐ (date)_____

Continued intervention_____

Week 4 ☐ (date)_____

Continued intervention_____

Week 5 ☐ (date)_____

Continued intervention_____

Week 6 ☐ (date)_____

Continued intervention_____

Week 7 ☐ (date)_____

Continued intervention_____

Week 8 ☐ (date)_____

Continued intervention_____

Cause:_____

_____

Signature

_____

Frailty study
Intervention group

PATIENT DATA

Dietician

Screening

Evaluation according to MNA-SF

☐ Normal nutritional status

☐ At risk of malnutrition

☐ Malnourished

Further nutritional evaluations:_____

_____

Interventions

☐ Individual nutritional evaluation

☐ Enrichment products

☐ Dietary supplements

☐ Enteral nutrition

☐ Parenteral nutrition

☐ Other: _____

_____

_____

_____

Follow-up

☐ Phone contact 1 (date)_____

☐ Phone contact 2 (date)_____

☐ Phone contact 3 (date)_____

☐ Food diary

☐ Weight and BMI

☐ Eating problems

Other: _____

_____

_____

_____

Signature

_____

PATIENT DATA

Frailty study
Intervention group

Physiotherapist

Screening

ADL ☐

HGS ☐

6 MWT ☐

Further physiotherapeutic evaluations:_____

_____

Interventions

☐ History of every-day activities

☐ Information regarding physical activity and exercise

☐ Prescription of physical activity and exercise with referral

☐ Prescription of physical exercise program, linked in ExorLive

☐ Other intervention_____

_____

☐ No further intervention

Due to:_____

_____

Follow-up

☐ Contact by telephone 1
(date)_____

☐ Contact by telephone 2
(date)_____

☐ Contact by telephone 3
(date)_____

☐ New screening/visit
(date)_____

☐ Other:_____

_____

Signature
_____

PATIENT DATA

Frailty study
Intervention group

Physician

1. Anamnesis ☐ (tick if performed)
   Current symtoms:_____

_____

_____

2. Examination, blood pressure, lab works, ECG ☐ (tick if performed)

Blood pressure: _____

ECG: ☐ Normal

☐ Pathologic

Comments:_____

_____

_____

_____

_____

3. Review of medications including assessment of current list of medications ☐ (tick if performed)
   Comments:_____

_____

_____

4. Evaluate the need of follow up ☐ (tick if performed)

Comments:_____

_____

5. Other actions/comments:

_____

_____

_____

_____

Signature

_____

PATIENT DATA

Frailty study
Intervention group

Filled out at admission to surgical ward

Date of hospital admission:_____

Date of surgery: _____

ASA-classification: _____

Screening (attach form)

MNA-SF: ☐

Signature
_____

Frailty study
Intervention group

PATIENT DATA

Date of revisit: _____
Score CFS-9 (digit):_____
Performed surgery:

☐ Resection of colon

☐ Right hemicolectomy

☐ Left hemicolectomy

☐ Resection of sigmoid colon

☐ Rectal resection

☐ Rectum amputation

☐ Other surgery, which:

_____

Anastomosis/stoma (tick all appliable)

☐ Primary anastomosis

☐ Temporary stoma

☐ Permanent stoma

Surgical method

☐ Laparoscopic surgery

☐ Laparoscopic surgery converted to open surgery

☐ Robot assisted surgery

☐ Open surgery

Staging according to pTNM:

T_____N_____M_____

Follow-up – filled out at revisit ca 8 weeks post-op

Screenings (attach forms)

EQ-5D-5L	☐
ADL	☐
SMA + list of medications	☐
CCI	☐
CFS-9	☐
MNA-SF	☐

Length of hospital stay in connection to surgery (dates):_____

Readmission within 30 days post-op:

☐ Yes – how many times:_____

☐ No

Total days of hospital stay, including in connection to surgery
(dates):_____

Discharge destination:

☐ Own housing without home help services or home nursing

☐ Own housing with home help services

☐ Own housing with home nursing

☐ Nursing facility

☐ Other:_____

_____

Signature
_____

Frailty study
Intervention group

PATIENT DATA

Post-op complication has arisen that:

☐ 1) is pharmacological treated with: antiemetics, antipyretics, analgesics, diuretics and/or electrolytes.

☐ 2) is treated with pharmacotherapy not mentioned above (eg blood transfusion or TPN)

☐ 3a) requires surgical, endoscopic or radiological intervention

☐ 3b) requires surgical, endoscopic or radiological intervention in general anaesthesia

☐ 4a) requires ICU care due to single organ failure

☐ 4b) requires ICU care due to multiorgan failure

☐ 5) lead to patient loss of life

□ **No noted complications**

Description of arisen complication:_____

_____

_____

_____

_____

_____

Data from the first 12 months regarding mortality, health care costs and health-related quality of life (EQ-5D-5L) will be collected and documented separately from the CRF.

Signature

_____