**Supplemental Table 1.** Statements presented by level of agreement; strong and weak recommendations provided when agreement met or exceeded 80% and 60%, respectively.

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| --- | --- |
| Statements related to PICS prediction and assessment | Agreement, % |
| We reaffirm the core domains of PICS, including physical, cognitive, and mental health status, along with social health/return to social roles | 100% |
| Social determinants of health could be key factors for post-ICU mental health problems; these have not been adequately researched, but should be | 100% |
| An assessment of selected patients for PICS problems should occur early (e.g., two to four weeks after discharge) | 95% |
| A default assessment for anxiety and depression can be the Hospital Anxiety and Depression Scale | 94% |
| Prediction of post-ICU problems and anticipatory guidance is a task ICU clinicians should try to take on | 92% |
| Patients with pre-existing cognitive impairment (recognized or not) before the ICU will have those problems afterwards | 92% |
| Key risk factors for mental health problems are prior anxiety or depression, memories of frightening experiences in ICU, early symptoms of anxiety, depression, or post-traumatic stress disorder | 92% |
| Serial assessments for PICS problems should occur with important health and life changes | 90% |
| A default assessment for cognitive problems can be the MoCA or MoCA-blind | 88% |
| Religiosity and spirituality could be key factors for post-ICU mental health problems; these have not been adequately researched, but should be | 85% |
| Patients with pre-existing physical impairment (recognized or not) before the ICU will have those problems afterwards | 84% |
| There is no generally accepted method to predict who will develop new post-ICU problems | 80% |
| Key risk factors for post-ICU functional disability are pre-ICU functional disability, pre-ICU cognitive impairment, and frailty | 80% |
| Key risk factors for cognitive impairment are delirium, benzodiazepines, sepsis, hypoxia, ARDS, and shock | 80% |
| A default assessment for post-traumatic stress disorder can be the IES-R or IES-6 | 76% |
| Patients with pre-existing mental health problems (recognized or not) before the ICU will have those problems afterwards | 76% |
| Social support across the illness is a key risk factor for mental health problems post-ICU | 75% |
| Life support (e.g., invasive mechanical ventilation) is a key risk factor for post-ICU problems | 72% |
| A default objective assessment for physical problems can be the 6-minute walk test | 67% |
| A default assessment for physical problems can be the EQ-5D | 67% |
| Mechanical ventilation is a risk factor for post-ICU problems | 54% |
| Age and gender are not risk factors for psychological/emotional problems after the ICU | 53% |
| Whatever screening is done, it should be individualized based on prior probability of problems and resources available | 36% |