SUPPLEMENTAL MATERIAL

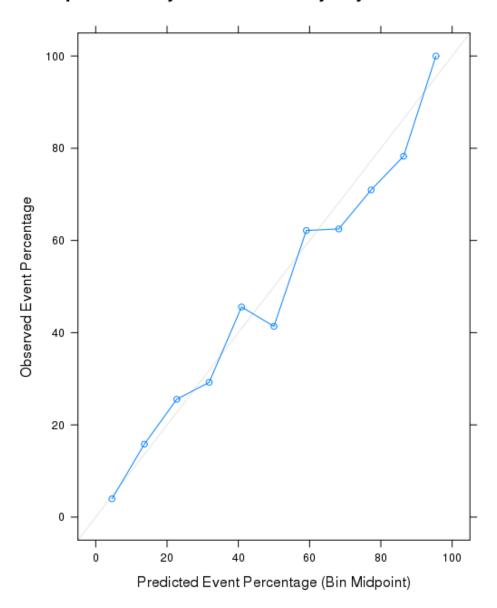
Table S1. Calculating the SOFA score and individual organ sub-scores.

Organ system	Score 0	Score 1	Score 2	Score 3	Score 4
Cardiovascular: Mean arterial pressure (MAP, mmHg) and vasopressors (mcg/kg/min for ≥1 hour)	MAP≥70	MAP <70 without vasopressors	Dopamine ≤5 or any dobutamine	Dopamine >5, epinephrine ≤0.1 or norepinephrine ≤0.1	Dopamine >15, epinephrine >0.1 or norepinephrine >0.1
Central nervous system: Glasgow Coma Scale (GCS)	15	13-14	10-12	6-9	<6
Coagulation: Platelet count x 10 ³ /mm ³	>150	≤150	≤100	≤50	≤20
Liver: Serum bilirubin (mg/dl)	<1.2	1.2-1.9	2.0-5.9	6.0-11.9	≥12
Renal: Serum creatinine (mg/dl) and urine output (UOP, ml/day)	<1.2	1.2-1.9	2.0-3.4	3.5-4.9 or UOP <500	≥5 or UOP <200
Respiratory: Arterial PaO ₂ :FiO ₂ (PF) ratio	>400	≤400	≤300	≤200	≤100

Worst values for each of the 6 organ sub-scores are added for a given day to calculate the total SOFA score for that day. Data derived from Vincent JL, et al. *Intensive Care Med.* 1996;22:707-10.

Figure S1. Observed versus predicted hospital mortality based on probabilities produced by a logistically transformed Day 1 SOFA score.

Hospital Mortality Risk Predicted by Day 1 SOFA Score



Based on the Hosmer-Lemeshow statistic, calibration of the Day 1 SOFA score was suboptimal (p <0.05) for hospital mortality. SOFA, Sequential Organ Failure Assessment.