CYCLE Pilot RCT #141 Plate #075

Last Study Day ☐☐

Patient ID ☐☐ (site #) 1 ☐☐☐ (patient #) Patient Initials ☐☐ F L Date of Last Study Day ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

FINAL STATUS and OUTCOMES ASSESSMENTS (Form 14.1 of 2)

1. Was the ICU Awakening: Strength and Function Form 7 completed?
   - ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
   - ☐ No (reason/specify)_____

2. Was the IPAT Form 8 completed?
   - ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
   - ☐ No (reason/specify)_____

3. Was the patient discharged from ICU alive?
   - ☐ Yes (enter date of discharge, go to Q4) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
   - ☐ No (enter date of death; go to Q20)

4. If alive, where was the patient discharged?
   - ☐ CCU / Stepdown / Surgical Stepdown
   - ☐ Ward
   - ☐ Other ICU (specify) _____
   - ☐ Other Hospital (specify) _____
   - ☐ Home (independent)
   - ☐ Home (with home care)
   - ☐ Home (with unpaid caregiver assistance)
   - ☐ Assisted Living Facility
   - ☐ Chronic Care Facility
   - ☐ Nursing Home
   - ☐ Inpatient Rehabilitation
   - ☐ Other (specify) _____

5. What was the highest level of patient function on the day of ICU discharge?
   ☐ Bedbound ☐ Sitting at edge of bed ☐ Standing ☐ Walking ☐ Data not available (reason)_____

6. Did the patient still require invasive mechanical ventilation at ICU discharge?
   ☐ No ☐ Yes

7. Measured weight at ICU discharge
   ☐ Not available ☐☐☐ (#) ☐ kg ☐ lbs

8. Was an ICU discharge order written?
   ☐ No ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

9. Was the ICU Discharge: PT Strength and Function Form 9 completed?
   - ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
   - ☐ No (reason/specify)_____

10. Was the 3 Days Post-ICU Discharge: PT Strength and Function Form 9A completed?
    - ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
    - ☐ No (reason/specify)_____

11. Was the ICU Discharge: Research Coordinator Assessment Form 10 completed?
    - ☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)
    - ☐ No (reason/specify)_____

12. Was the patient readmitted to the ICU?
    ☐ No ☐ Yes (specify # readmissions) → ☐

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FINAL STATUS and OUTCOMES ASSESSMENTS (Form 14.2 of 2)

13. Was the patient discharged from the hospital alive?

☐ Yes (enter date of discharge; go to Q14) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

☐ No (enter date of death; go to Q19)

14. If alive, where was the patient discharged?

☐ Home (independent) ☐ Chronic Care Facility ☐ Other Hospital (specify) _____

☐ Home (with home care) ☐ Nursing Home ☐ Assisted Living Facility

☐ Home (with unpaid caregiver assistance) ☐ Inpatient Rehabilitation ☐ Other (specify) _____

Comments _____

15. What was the highest level of patient function on the day of hospital discharge?

☐ Bedbound ☐ Sitting at edge of bed ☐ Standing ☐ Walking ☐ Data not available (reason) _____

16. Measured weight at hospital discharge

☐ Not available ☐☐☐ (#) ☐ kg ☐ lbs

17. Was the Hospital Discharge: PT Strength and Function Form 11 completed?

☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

☐ No (reason/specify)_____

18. Was the Hospital Discharge Research Coordinator Assessment Form 12 completed?

☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

☐ No (reason/specify)_____

19. Was the patient declared ALC (alternate level of care)?

☐ Yes (enter date) → ☐☐ ☐☐ 2 0 1 ☐ (dd/mm/yyyy)

☐ No

20. Was this patient co-enrolled in another study?

☐ No ☐ Yes (complete the table below)

Study Name	Design: RCT	Design: Observational	Funding: Academic	Funding: Industry	Funding: Local	Methods Centre Internal Study Code
1. _____	☐	☐	☐	☐	☐	☐☐☐
2. _____	☐	☐	☐	☐	☐	☐☐☐
3. _____	☐	☐	☐	☐	☐	☐☐☐
4. _____	☐	☐	☐	☐	☐	☐☐☐