# CYCLE RCT: CRF and Study Day Checklist

Patient ID: ___- 1 -_____ RT300: ID:_____ RT300 PIN:_____

| | | |
|---|---|---|
| Randomization Date (dd/mm/yyyy): _____<br><br>Study Day 1: _____ Last Study Day: _____ | | Treatment Group: ☐ CYCLING + ROUTINE PT ☐ ROUTINE PT ONLY |

| | TIME SENSITIVE ASSESSMENTS | | | |
|---|---|---|---|---|
| **ICU AWAKENING** | **ICU DISCHARGE Date:_____** | **HOSPITAL DISCHARGE Date:_____** | **90 DAYS AFTER ENROLLMENT** | **Combined Ax?** |
| **Cognitive screen score ≥3**<br>☐ Yes; date:_____ | **(SF2) PT Ax: ICU Discharge**<br>☐ Collected | **(SF4) PT Ax: Hospital Discharge**<br>☐ Collected | **(RC4) 90 Days Post-Hospital Discharge Telephone Ax**<br>☐ Collected | |
| **(SF1) PT Ax: ICU Awakening**<br>☐ Collected | **(SF3) PT Ax: 3 Days Post-ICU Discharge**<br>☐ Collected | **(RC3) RC Ax: Hospital Discharge**<br>☐ Collected | | |
| **(RC1) RC Ax: IPAT**<br>☐ Collected | **(RC2) RC Ax: ICU Discharge**<br>☐ Collected | **(6) Final Status**<br>☐ Complete | | |

| FORMS | | | | | |
|---|---|---|---|---|---|
| **(1) Screening** | ☐ Complete | **(2) Randomization** | ☐ Complete | **Clinical Note** | ☐ Complete |
| **Consent Form** | ☐ Complete | **(3) Baseline** | ☐ Complete | | |
| **Consent Discussion** | ☐ N/A ☐ Y | **3.1 – APACHE II** | ☐ Complete | | |
| **Multimedia Consent** | ☐ N/A ☐ Y | **3.3 – RC Baseline** | ☐ Complete | #Forms / #Days | / |
| **(SF3) PT 3 Days Post-ICU Discharge** | ☐ N/A | # of Forms _____ | ☐ Yes → Start → End Collection Dates: _____→ _____ | | |

| # = STUDY DAY | ☐4 = DAILY DATA (FORM 4) | ☐5C = PT THERAPY: CYCLING (FORM 5C) |
|---|---|---|
| | ☐4A = DAILY DATA WHILE ON WARD (FORM 4A) | ☐5R = PT THERAPY: ROUTINE PT (FORM 5R) |
| | ☐5 = PT WORKSHEET (FORM 5) | ☐5S = SAFETY EVENTS (FORM 5S) |
| DATE (dd/mm/yyyy) | | |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ☐4 | ☐5C | 2 | ☐4 | ☐5C | 3 | ☐4 | ☐5C | 4 | ☐4 | ☐5C | 5 | ☐4 | ☐5C | 6 | ☐4 | ☐5C | 7 | ☐4 | ☐5C |
| | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R |
| | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S |
| 8 | ☐4 | ☐5C | 9 | ☐4 | ☐5C | 10 | ☐4 | ☐5C | 11 | ☐4 | ☐5C | 12 | ☐4 | ☐5C | 13 | ☐4 | ☐5C | 14 | ☐4 | ☐5C |
| | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R |
| | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S |
| 15 | ☐4 | ☐5C | 16 | ☐4 | ☐5C | 17 | ☐4 | ☐5C | 18 | ☐4 | ☐5C | 19 | ☐4 | ☐5C | 20 | ☐4 | ☐5C | 21 | ☐4 | ☐5C |
| | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R |
| | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S |
| 22 | ☐4 | ☐5C | 23 | ☐4 | ☐5C | 24 | ☐4 | ☐5C | 25 | ☐4 | ☐5C | 26 | ☐4 | ☐5C | 27 | ☐4 | ☐5C | 28 | ☐4 | ☐5C |
| | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R | | ☐4A | ☐5R |
| | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S | | ☐5 | ☐5S |

| FORM | FORM 4 | FORM 4A | FORM 5 | FORM 5C | FORM 5R | FORM 5S |
|---|---|---|---|---|---|---|
| TOTAL # | | | | | | |

Comments: