



CYCLE RCT: Patient Tracking Sheet

Study ID	Location + PT (pager/ext)	Comments	Assessment Status	Updated Date + Initials (dd/mm/yyyy)
			Strength and Function Ax <input type="checkbox"/> ICU Awake <input type="checkbox"/> ICU D/C <input type="checkbox"/> 3 Days Post-ICU D/C <input type="checkbox"/> Hospital D/C RC Ax <input type="checkbox"/> ICU Awake <input type="checkbox"/> ICU D/C <input type="checkbox"/> Hospital D/C <input type="checkbox"/> 90 Day Post Randomization	
			Strength and Function Ax <input type="checkbox"/> ICU Awake <input type="checkbox"/> ICU D/C <input type="checkbox"/> 3 Days Post-ICU D/C <input type="checkbox"/> Hospital D/C RC Ax <input type="checkbox"/> ICU Awake <input type="checkbox"/> ICU D/C <input type="checkbox"/> Hospital D/C <input type="checkbox"/> 90 Day Post Randomization	
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