CYCLE RCT #142 **Plate #001** **Visit #000**

Patient ID (site #) (patient type) (patient #) — *1=randomized, 2=eligible non-randomized*

Coded Patient Initials F L

Screening Date (dd/mm/yyyy) 20

SCREENING (Form 1)

1. Inclusion Criteria (please tick the appropriate check-box)

	YES	NO
1. Patient is ≥ 18 years of age	Y ☐	N ☐
2. Patient is invasively mechanically ventilated ≤ 4 days	Y ☐	N ☐
3. Expected additional 2 day ICU stay	Y ☐	N ☐
4. Ability to ambulate independently (with or without gait aid) pre-hospital	Y ☐	N ☐
5. ICU length of stay ≤ 7 days	Y ☐	N ☐

2. Exclusion Criteria

1. Pre-hospital inability to follow simple commands in local language at baseline	Y ☐	N ☐
2. Acute conditions impairing ability to receive cycling (e.g., leg fracture)	Y ☐	N ☐
3. Acute, proven, or suspected central or peripheral neuromuscular weakness (e.g., stroke, Guillian Barre)	Y ☐	N ☐
4. Temporary pacemaker (internal or external)	Y ☐	N ☐
5. Expected hospital mortality ≥ 90%	Y ☐	N ☐
6. Equipment unable to fit patient's body dimensions (i.e., amputation, morbid obesity)	Y ☐	N ☐
7. Palliative goals of care	Y ☐	N ☐
8. Pregnancy	Y ☐	N ☐
9. Specific surgical exclusion as stipulated by surgery team or ICU team (specify) _____	Y(specify) ☐	N ☐
10. Physician declines (i.e., severely impaired skin integrity, unstable in other ways) (specify) _____	Y(specify) ☐	N ☐
11. Patient already able to march on the spot at time of screening	Y ☐	N ☐
12. Cycling Exemption not resolved during 1st 4 days of MV	Y(check all; specify if necessary) ☐	N ☐

- ☐ 1. Increase in inotropes/vasopressors (2h)
- ☐ 2. Active MI, or unstable/uncontrolled arrhythmia per ICU team
- ☐ 3. MAP <60 or >110 (2h) or out of range for this patient per ICU team
- ☐ 4. HR <40 or >140 (2h)
- ☐ 5. SpO_2 <88% (2h) or out of range for this patient per ICU team
- ☐ 6. Neuromuscular blocker (4h)
- ☐ 7. Severe agitation RASS >2 or SAS >6 or equivalent (2h)
- ☐ 8. Uncontrolled pain
- ☐ 9. Changes in goals to palliative care
- ☐ 10. Other concern (e.g., active haemorrhage, acute peritonitis, new pelvic, groin, or extremity wound precluding cycling, new known or suspected muscle inflammation) (specify) _____

3. Study Eligible Non-Randomized Patients (enter into iDataFax)

1. Patient or SDM/ LAR declines consent	Y ☐	N ☐
2. Patient unable to give consent and no SDM/ LAR identified	Y ☐	N ☐
3. Physician declines patient or SDM/ LAR to be approached (specify) _____	Y ☐	N ☐
4. Consent not obtained due to other reason (check ONE box only, for items a through f)	Y ☐	N ☐

FULL PT STAFF
- ☐ a. Insufficient PT resources and no CYCLE patients enrolled in ICU
- ☐ b. Insufficient PT resources because CYCLE patient(s) enrolled in ICU
- ☐ c. No PT available (off site, no PT around)

PT STAFF
- ☐ d. Insufficient PT resources (e.g. randomization on hold → *only use after consulting with Methods Centre)*
- ☐ e. No RC available (off site, not available to screen)
- ☐ f. Other reason (specify) _____

5. Previously enrolled in this study (previous admit). **Prior ID:** _____ Y ☐ N ☐

4. Patient Status (check ONE box only) **Eligible, non-randomized** ☐ **Included** (go to **Randomization Form 2)** ☐

5. Who provided consent? (check ONE box only) Patient ☐ SDM/ LAR ☐

6. Who obtained consent? (check ONE box only) RC ☐ Site Investigator ☐ ICU MD ☐