1	CYCLE RCT #142		Study Day
1	Patient ID (site #) 1 (patient #) Coded Pati	ent F L	Date 2 0 (dd/mm/yyyy)
		DAILY DATA (Form 4.1 of 4)	Day of
1.	Advanced life support strategies received	· · · · · · · · · · · · · · · · · · ·	he week M Tu W Th F Sa Su
1.	Airway Access No	Yes → ETT Tracheostomy	
2.	Mechanical Ventilation (MV)	➤ None/Spontaneous (e.g. t-mask, venti-mask, nas	sal prongs)
	·	Yes → Invasive MV (e.g.pressure assist control, vol	lume assist control, pressure support)
		Non-Invasive MV (e.g. BIPAP, CPAP by mas	sk not ETT or trach, e.g., nocturnal)
3.	Other Ventilation Strategy No	Yes → ECMO/ECLS Nitric oxide	High-flow nasal cannula (e.g. AIRVO, Optiflo
		Other (specify)	_
4.	Vasopressor / Inotrope infusions No (e.g., dopamine, norepinephrine, phenylephrine,	Yes	
_		Yes → Intermittent (IHD) Continuous (CRRT)	Peritoneal Sustained low efficiency
5.	Dialysis No	Other (specify)	(SLED)
2.	Drugs (check ALL that apply)		
1.	Systemic corticosteroid No	Yes → Dexamethasone Methylprednisolone	
		TOTAL DAILY DOSE	(mg) Other (specify)
2.	Opiates No (e.g., Fentanyl, Remifentanyl, Hydromorphone, Morphi	Pres → Infusion Bolus Other roma, Oxycodone, Demerol, (Percocet), Codeine (Tylenol #1, 2, or 3), etc	ute (specify)
3.	Benzodiazepines No (e.g., Midazolam (Versed), Lorazepam (Ativan), Clonaz		ute (specify)
4.	Propofol No	Yes → Infusion Bolus	
5.	Neuromuscular blockers No	Yes → Infusion Bolus	
_	(e.g., Cisatracurium, Rocuronium, Vecuronium, Atracur		
3.	MODS score (record values closest to 0800) Platelets (platelets /mL*10*-3) Creatinine (µmol/L	Bilirubin (μmol/L) PaO ₂ /FiO ₂ PaO	O_2 (mmHg) FiO_2 (0.21-1.00) HR (BPM)
	Tatelets (platelets mile 10) Greatimine (pmone		
	N/A N/A N/A	N/A N/A N/A	N/A N/A
	MAP (mmHg) CVP (mmHg)	*Glasgow Coma Score (3 - 15 OR *3T-11T) Receiving sedation/opi	oids/NMB's when GCS reported?
	N/A N/A		nt = "T" (T = "1" included in GCS #)
4.	RASS and CAM-ICU (RASS and CAM-ICU to b	e taken at same time and closest to 0800)	
	SAS /	VAMASS → RASS Conversion Chart	CII Nogativa
	Not H (=) PASS -	5 -4 -3 -2 -1 0 1 2 3 4 Not	CU Negative Positive
	done (+) (0-5) VAMASS (0 X 1 2 X 3 4 5 6 X	Unable to Ax (RASS = -4 or -5)
			4 on Intensive Care Delirium Screening Checklist

1. Enteral nutrition (EN) received today (check ONE type below; if >1 type received, select type providing the highest volume received) No							
Nutrition Nutr	CYCLE RCT #142 Plate #016	· · · · · · · · · · · · · · · · · · ·					
1. Enteral nutrition (EN) received today (check ONE type below. # 1 type received. select type providing the highest volume received. No Yes 24 hour total EN volume delivered	ID L_L_L_L_L_L Initials L_L_L	1 1 11 1 12 1 2 1 1 1					
No							
Ensure High Protein (1.0 kcal/mL) SoSOURCE HNFiber Nutrison Protein Plus Peptamen Intense 1.0 kcal/mL		pe providing the highest volume received)					
Ensure Plus Calories (1.5 kcal/mL) (1.0 kc							
Elisable Prios calotics (1.3 Accounts) (1.0 kcalimt.)	(1.0 kcal/mL + fibre) w/ Multifibre	r epiamen intense					
Glucema 1.0 kcal/mL + fibre	Ensure Plus Calories (1.5 kcal/mL) (1.0 kcal/mL)						
Impact Adv. Rec.							
SoSOURCE Nepro Carb Steady Osmolite Vital 1.0 (1.8 kcal/mL + fibre) Osmolite Vital 1.0 (1.8 kcal/mL + fibre) Nutrin 1.5 Peptamen 1.0 Vital 1.5 SoSOURCE HN/Fiber 1.2 (+ fibre) Nutrin 1.5 Peptamen 1.0 Vital Peptide 1.5 SoSOURCE 1.5 Nutrin 1.5 Peptamen 1.5 Vivonex Plus SoSOURCE 1.5 SoSOURCE 1.5 Nutrin 1.5 Peptamen 1.5 Vivonex Plus SoSOURCE 1.5 Vivonex T.E.N. Other (specify) 2. Modular products received today? (check type(s), and record # packages received) No							
SoSOURCE HN 1:2 Novosource Renal 2:0 OXEPA (1.5 kcalmL) Vital 1.5	Nepro Carb Steady Complite	= ` '					
SoSOURCE HNFiber 1.2 (+ fibre) Nutrel 1.5 Peptamen 1.0 Vital Peptide 1.5	(1.8 KCal/mL + fibre)	<u> </u>					
IsoSOURCE 1.5 NutriHep (1.5 kcal/mL) Peptamen 1.5 Vivonex Plus Vivonex TE.N.							
Other (specify)							
Dother (specify) 2. Modular products received today? (check type(s), and record # packages received) No Yes							
2. Modular products received today? (check type(s), and record # packages received) No Yes							
Beneprotein Yes # pkgs Prosource Yes # pkgs Prosource Yes # pkgs Yes # pkgs Other (specify) Yes # pkgs Wes # pkgs Wes # pkgs Wes # pkgs Other (specify) Yes # pkgs Wes Wes # pkgs Wes Wes Wes # pkgs Wes Wes	<u> </u>						
Beneprotein	□ No □ Ves → □						
3. Parenteral nutrition (PN) received today (record total PN volume received and macronutrients (specify units) received during 24 hour period) No Yes → Volume (ml) (grams)	Beneprotein Yes # pkgs Prosource						
3. Parenteral nutrition (PN) received today (record total PN volume received and macronutrients (specify units) received during 24 hour period) No Yes Volume (ml) (grams)		ecify)					
No Yes → Volume	EAS L-Glutamine						
Dextrose	3. Parenteral nutrition (PN) received today (record total PN volume received and macronutries)	ents (specify units) received during 24 hour period)					
Amino Acid	No Yes → Volume (ml)						
Lipid	Dextrose (grams)						
4. Oral intake received today? No Yes → Oral (food) intake volume not required 5. Patient highest level of activity TODAY (including therapy sessions) [see Form 5, 5R, 5C; patient's chart (e.g. OT/PT/nursing notes)] 0 - Passively moved by staff (includes passive cycling only) 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) SCORE 2 - Passively moved to chair (no standing or sitting at edge of bed) 3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 - Standing 5 - Transferring from bed to chair 10 - Walking independently without gait aid (≥5m) 10 - Walking up and down stairs 1. Is today a stat. holiday or weekend (i.e. ineligible day to offer and complete CYCLE trial intervention(s)) Poid the patient receive any rehab therapy today from PT or OT? (check one; go to q 13)	Amino Acid (grams)						
4. Oral intake received today? No Yes → Oral (flood) intake volume not required 5. Patient highest level of activity TODAY (including therapy sessions) [see Form 5, 5R, 5C; patient's chart (e.g. OT/PT/nursing notes)] O - Passively moved by staff (includes passive cycling only) 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) SCORE 2 - Passively moved to chair (no standing or sitting at edge of bed) 3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 - Standing 5 - Transferring from bed to chair 10 - Walking independently without gait aid (≥5m) 10 - Walking independently without gait aid (≥5m) 11 - Walking up and down stairs 12 - Walking up and down stairs	Lipid (grams)						
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SCORE 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 2 - Passively moved to chair (no standing or sitting at edge of bed) 3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 - Standing 5 - Transferring from bed to chair No Yes (no CYCLE Trial intervention today) 0 - Passively moved by staff (includes passive cycling only) 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 7 - Walking on the spot (at bedside; ≥ 2steps/foot) 7 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 1 person (≥5m) 9 - Walking independently with gait aid (≥5m) 10 - Walking independently without gait aid (≥5m) 11 - Walking up and down stairs Did the patient receive any rehab therapy today from PT or OT? (check one; go to q 13)							
SCORE 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 2 - Passively moved to chair (no standing or sitting at edge of bed) 3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 - Standing 5 - Transferring from bed to chair 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 1 person (≥5m) 9 - Walking independently with gait aid (≥5m) 10 - Walking independently without gait aid (≥5m) 11 - Walking up and down stairs 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking independently with gait aid (≥5m) 10 - Walking independently without gait aid (≥5m) 11 - Walking up and down stairs 1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 2 or more people (≥5m) 9 - Walking independently with gait aid (≥5m) 11 - Walking with assistance of 2 or more people (≥5m) 12 - Walking with assistance of 2 or more people (≥5m) 13 - Walking with assistance of 1 person (≥5m) 14 - Standing 15 - Transferring from bed to chair	5. Patient highest level of activity TODAY (including therapy sessions) [see Form 5, 5R, 5C; patient's chart (e.g. OT/PT/nursing notes)]						
3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 - Standing 5 - Transferring from bed to chair 10 - Walking independently with gait aid (≥5m) 11 - Walking up and down stairs 11 - Walking up and down stairs 12 - Walking independently without gait aid (≥5m) 13 - Walking independently without gait aid (≥5m) 14 - Standing 15 - Transferring from bed to chair 16 - Walking independently with gait aid (≥5m) 16 - Walking independently with gait aid (≥5m) 17 - Walking independently with gait aid (≥5m) 18 - Walking independently with gait aid (≥5m) 19 - Walking independently with gait aid (≥5m) 10 - Walking independently with gait aid (≥5m) 11 - Walking up and down stairs 11 - Walking independently with gait aid (≥5m) 11 - Walking independently with gait aid (≥5m) 11 - Walking independently with gait aid (≥5m) 11 - Walking independently without gait aid (≥5m) 11 - Walking up and down stairs	1 - Any activity in bed, but not moving out of or over edge of bed (includes	s cycling) 7 - Walking with assistance of 2 or more people (≥5m					
5 - Transferring from bed to chair 11 - Walking up and down stairs 1. Is today a stat. holiday or weekend (i.e. ineligible day to offer and complete CYCLE trial intervention(s)) No Yes (no CYCLE Trial intervention today) Did the patient receive any rehab therapy today from PT or OT? (check one; go to q 13)	3 - Actively sitting over side of bed with some trunk control (may be assist	ted) 9 - Walking independently with gait aid (≥5m)					
No Yes (no CYCLE Trial intervention today) Did the patient receive any rehab therapy today from PT or OT? (check one; go to q 13)							
Did the patient receive any rehab therapy today from PT or OT? (check one; go to q 13)		E trial intervention(s))					

	Study			
CYCLE RCT #142 Plate #017	Day			
Patient ID (site #) Coded Patient Initials F L Therapis Initials	F M L F M L (dd/mm/yyyy)			
7. Was routine PT/ rehab done today? Yes (submit Form 5R) No (check one of a, b, c, or d and specify where necessary) a) Patient discharged from ICU before 1200pm Temporary exemption criteria met (check ALL; if #10 specify) 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. Sp0 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 routine PT/ rehab, new known or suspected muscle inflammation (specify below)]	8. Was cycling done today? N/A, patient not randomized to cycling Yes (submit Form 5C) No (check one of a, b, c, d, or e and specify where necessary) a) Patient discharged from ICU before 1200pm Patient marched on the spot for 2 consecutive days Temporary exemption criteria met (check ALL; if #10 specify) 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. Sp0 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 below)]			
c) Other reasons routine PT/rehab not received (check all that apply) Refusals Tired Having a bad day Family declined Other activity prioritized by therapist Cycling Other (specify)	d) Other reasons cycling not received (check all that apply) Refusals Tired Having a bad day Family declined Other activity prioritized by therapist			
Cycling Other (specify) Patient not scheduled for therapy Therapist not available Workload Other (specify)	Other (specify) Therapist not available Workload Other (specify) No CYCLE-trained therapist available			
Patient not available Out of ICU While in ICU (procedure, test, etc.) Other (specify)	Patient not available Out of ICU Other (specify) While in ICU (procedure, test, etc.)			
d) Other reason (specify)	e) Other reason (specify)			
N/O PT/ rehab Session 1 (min) → Routine PT/ N/A Session 2 (min) → Routine PT/ N/A Session 3 (min) → Routine PT/ 11. Patient highest level of activity from ALL rehabilitation/therapy so NO PT/ rehab 0 - Passively moved by staff (includes passive cycling 1 - Any activity in bed, but not moving out of or over escore 2 - Passively moved to chair (no standing or sitting at 3 - Actively sitting over side of bed with some trunk conditions and the standing of t	dge of bed (includes cycling) edge of bed) 8 - Walking with assistance of 2 or more people (≥5m) 8 - Walking with assistance of 1 person (≥5m) 9 - Walking independently with gait aid (≥5m) 10 - Walking independently without gait aid (≥5m)			
5 - Transferring from bed to chair 11 - Walking up and down stairs 12. Cognitive screening for ICU Awakening Ax: Strength and Function (Ask the patient to perform all 5 commands; check ALL successful commands)				
No PT/ Prehab Successful Commands Open your eyes Look at me Open your mouth and stick out your tongue Nod your head Paice your eyebrows when I count to 5	Not done, patient unable to follow commands No, score ≤2/5 (continue screening) Yes, score ≥3/5 + not appropriate for PT ICU Awakening Ax (continue screening) Yes, score ≥3/5 + appropriate for PT ICU Awakening Ax (initiate assessment) Not done, PT ICU awakening Ax in progress/ complete			

CYCLE RCT #142 Plate #018	Study Day				
Patient ID (site #) Coded Patient Initials F L	Date 2 0 (dd/mm/yyyy)				
DAILY DATA (Form 4.4 of 4)					
13. Was the ICU Awakening: Strength and Function Form initiated today?					
<u></u> No					
Yes (submit Form SF1)					
14. Was the IPAT Form initiated today?					
No					
Yes (submit Form RC1)					
15. Last day of study today?					
No, patient still within study day 28 protocol					
No, returned to ICU within 72 hours of ICU discharge					
Yes, patient discharged from the ICU >72 hours, died, or CYCLE RCT protocol stopped at 28 days (submit Forms: SF1-SF4, RC1-RC4, 6 and 7)					
Yes, consent withdrawn for further data collection (submit Form 7)					
Who withdrew consent? (specify)					
Patient Legal SDM/ LAR Other family member Physician	Other (specify)				
Reason for Withdrawal? (specify)	<u> </u>				