CYCLE RCT #142 Plate #035	Study Day
Patient ID (site #) Coded Patient Initials F L	Date 2 0 (dd/mm/yyyy)
Complete this form if any safety events occurred during cycling therapy safety events - Did any of the following occur during cycling therapy? (check first stop session if any of these events occur 1.	Cycling Seterioration attributed to in-bed cycling Settributed to in-bed cycling
12. What were the consequences of the safety event(s)? None Cycling therapy stopped Other (specify) Routine PT/rehab safety events - Did any of the following occur during routine PT/ rehab? (che	eck ALL that apply)
 ** = stop session if any of these events occur 1.	PT/ rehab activities deterioration attributed to routine PT/ rehab activities attributed to routine PT/ rehab activities
13. What were the consequences of the safety event(s)? None Routine PT/ rehab stopped Other (specify)	