**CYCLE RCT #142** **Plate #099** **Visit #100**

Patient ID [ ][ ] 1 [ ][ ][ ] (site #) (patient #)

Coded Patient Initials [ ][ ] F L

## FINAL STATUS (Form 7.1 of 2)

1. Was the patient discharged from ICU alive?
   - [ ] Yes (enter date of discharge)
   - [ ] No (enter date of death; go to Q3)

   → [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

2. If alive, where was the patient discharged?
   - [ ] CCU / Stepdown / Surgical Stepdown
   - [ ] Ward
   - [ ] Other ICU (specify) _____
   - [ ] Home (independent)
   - [ ] Home (with home care)
   - [ ] Home (with unpaid caregiver assistance)
   - [ ] Retirement Home (independent)
   - [ ] Assisted Living Facility (mostly independent)
   - [ ] Nursing Home/Long Term Care Facility
   - [ ] Chronic Care Facility/Complex Continuing Care Skilled Nursing Facility
   - [ ] Long Term Acute Care (LTAC)
   - [ ] Inpatient Rehabilitation
   - [ ] Other Hospital (specify) _____
   - [ ] Other (specify) _____

3. What was the highest level of patient function on the day of ICU discharge?
   - [ ] Bedbound
   - [ ] Sitting at edge of bed
   - [ ] Standing
   - [ ] Walking
   - [ ] Data not available (reason) _____

4. Did the patient still require invasive mechanical ventilation at ICU discharge?
   - [ ] No
   - [ ] Yes

5. Measured weight at ICU discharge
   - [ ] Not available
   - [ ][ ][ ] ( # ) [ ] kg [ ] lbs

6. Was an ICU discharge order written (or "consult medicine for transfer")?
   - [ ] No
   - [ ] Yes (enter date) → [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

7. Was the patient readmitted to the ICU?
   - [ ] No
   - [ ] Yes (specify # readmissions) → [ ] ( # )

8. Was the patient discharged from the hospital alive?
   - [ ] Yes (enter date of discharge)
   - [ ] No (enter date of death; go to Q10)

   → [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

9. If alive, where was the patient discharged?
   - [ ] Home (independent)
   - [ ] Home (with home care)
   - [ ] Home (with unpaid caregiver assistance)
   - [ ] Retirement Home (independent)
   - [ ] Assisted Living Facility (mostly independent)
   - [ ] Nursing Home/Long Term Care Facility
   - [ ] Chronic Care Facility/Complex Continuing Care Skilled Nursing Facility
   - [ ] Long Term Acute Care (LTAC)
   - [ ] Inpatient Rehabilitation
   - [ ] Other Hospital (specify) _____
   - [ ] Other (specify) _____

10. What was the highest level of patient function on the day of hospital discharge?
    - [ ] Bedbound
    - [ ] Sitting at edge of bed
    - [ ] Standing
    - [ ] Walking
    - [ ] Data not available (reason) _____

11. Measured weight at hospital discharge
    - [ ] Not available
    - [ ][ ][ ] ( # ) [ ] kg [ ] lbs

12. Was the patient declared ALC (alternate level of care)/attente de transfer or acute care services no longer required?
    - [ ] Yes (enter date) → [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)
    - [ ] No

13. Was the patient alive at 90 days post-randomization?
    - [ ] Unknown
    - [ ] Yes (enter date of 90 days post-randomization)
    - [ ] No (enter date of death)

    → [ ][ ] [ ][ ] 2 0 [ ][ ] (dd/mm/yyyy)

**CYCLE RCT #142** **Plate #100** **Visit #100**

Patient ID [ ][ ] 1 [ ][ ][ ] (site #) (patient #)

Coded Patient Initials [ ][ ] F L

## FINAL STATUS (Form 7.2 of 2)

**14. Was this patient co-enrolled in another study?**

☐ No ☐ Yes (complete table)

| Study Name | Design: RCT | Design: Observational | Funding: Academic | Funding: Industry | Funding: Local | Methods Centre Internal Study Code |
|---|---|---|---|---|---|---|
| 1. _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐☐☐ |
| 2. _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐☐☐ |
| 3. _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐☐☐ |
| 4. _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐☐☐ |

**15. Strength and Function assessment form completion status**

| **Column A**<br>**Strength & Function Assessment Forms** | **Column B**<br>Any part of ax completed/ any clinical data recorded<br>**"Yes"** = complete "Column C"<br>**"No"** = only "reason # not done" section(s) on Ax form complete (i.e. no clinical data recorded) | **Column C**<br>Clinical data should apply to the following timepoints (check all)<br>**ICU Awakening** | **ICU Discharge** | **3 D Post-ICU Discharge** | **Hospital Discharge** |
|---|---|---|---|---|---|
| ICU Awakening (SF1) | ☐ Yes ☐ No | ☐ | ☐ | ☐ | ☐ |
| ICU Discharge (SF2) | ☐ Yes ☐ No | ☐ | ☐ | ☐ | ☐ |
| 3 Days Post-ICU Discharge (SF3) | ☐ Yes ☐ No | ☐ | ☐ | ☐ | ☐ |
| Hospital Discharge (SF4) | ☐ Yes ☐ No | ☐ | ☐ | ☐ | ☐ |

**16. Research Coordinator assessment form completion status**

| **Column A**<br>**Research Coordinator Assessment Forms** | **Column B**<br>Any part of ax completed/ any clinical data recorded<br>**"Yes"** = complete "Column C" *(if applicable)*<br>**"No"** = only "reason # not done" section(s) on Ax form complete (i.e. no clinical data recorded) | **Column C**<br>Clinical data should apply to the following timepoints (check all)<br>**ICU Awakening** | **ICU Discharge** | **3 D Post-ICU Discharge** | **Hospital Discharge** |
|---|---|---|---|---|---|
| IPAT (RC1) | ☐ Yes ☐ No | | | | |
| RC ICU Discharge (RC2) | ☐ Yes ☐ No | | ☐ | | ☐ |
| RC Hospital Discharge (RC3) | ☐ Yes ☐ No | | ☐ | | ☐ |
| 90 Day Follow-up Questionnaire (RC4) | ☐ Yes ☐ No | | | | |