

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)

	RCT	Design		Funding			Methods Centre Internal Study Code
		Observational		Academic	Industry	Local	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<u>Study Name</u> 2. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

15. Strength and Function assessment form completion status

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

16. Research Coordinator assessment form completion status

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