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| **90-day FOLLOW-UP FORM Hotline: 3545 7237** |

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| **Survival status 90 days post-randomisation** | | | | | |
| # | Question | Answer | Info | Validation and limits decimals | Further comments for data manager |
| FU1 | Date of 90-day follow-up | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | Automatically generated from the randomisation date. |  |  |
| FU2 | Did the patient die within 90 days of follow-up? | YES  NO | Please see date above. | Required |  |
| FU2a | Date of death? | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | Format: dd-mm-yyyy | Required | Only if ’YES’ in FU2  Default: This date may not lie after date of 90-day follow-up or before randomisation date. |

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| **Duration of life-support to day 90**  **[Insert randomisation date and date of day 28]** | | | | | |
| FU3 | Did the patient receive invasive mechanical ventilation from day 29 – 90? | YES  NO | Invasive ventilation via a cuffed endotracheal tube (oral, nasal or tracheostomy).  If the patient did not receive invasive mechanical ventilation in the period, please type 0. | Required |  |
| FU3a | If yes, please enter start date and end date:  Add row: | Start:  |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  End: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  Patient is still on invasive mechanical ventilation | Please fill in all time periods with invasive mechanical ventilation from day 29-90. Click ‘add row’ to add another time period of ventilation. | Required if FU4=yes |  |
| FU4 | Did the patient receive vasopressors or inotropes from day 29-90? | YES  NO | The infusion of vasopressors/inotropes should have lasted min. 1 hour (on any day). Vasopressor/inotrope agents: norepinephrine, epinephrine, phenylephrine, vasopressin analogues, angiotensin, dopamine, dobutamine, milrinone or levosimendan. | Required |  |
| FU4a | If yes, please enter start date and end date:  Add row: | Start:  |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  End: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  Patient is still on vasopressors or inotropes | Please fill in all episodes with vasopressors/inotropes from day 15-28. A day only counts if the infusion of vasopressors/inotropes lasted min. 1-h. Click ‘add row’ to add another time period of vasopressors/inotropes. | Required if FU5=yes |  |
| FU5 | Did the patient receive renal replacement therapy from day 29-90? | YES  NO | Any form of renal replacement therapy (e.g. dialysis, hemofiltration or hemodiafiltration) at any rate. Days between intermittent renal replacement should be included  therapy. | Required |  |
| FU5a | If yes, please enter start date and end date:  Add row: | Start:  |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  End: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  Patient is still on renal replacement therapy | Please fill in all episodes with renal replacement therapy (including days between intermittent renal replacement therapy) from day 15-28. Click ‘add row’ to add another time period of renal replacement therapy. | Required if FU6=yes |  |

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| **Length of hospital stay at day 90** | | | | | | | | |
| FU6 | Discharged alive from the hospital within 90 days? | | YES  NO | YES, if the patient was discharged from the hospital within the 90 days.  NO, if the patient was still admitted to the hospital at the end of the study period. | | Required |  | |
| FU6a | Date of hospital discharge (index admission) | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | Format: dd-mm-yyyy  The day, the patient is discharged from the index admission (the admission where the patient was randomised in the COVID STEROID trial). | | Required | Only if ‘YES’ in FU3 | |
| **Additional hospital admissions**  “Add” new row for each additional admission. | | | | | | | | |
|  | | | Hospital admission (dd-mm-yyyy) | | | Hospital discharge (dd-mm-yyyy) | | |
| FU6a\_1 + FU6b\_1 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_2 + FU6b\_2 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_3 + FU6b\_3 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_4 +  FU6b\_4 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_5 +  FU6b\_5 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_6 + FU6b\_6 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |
| FU6a\_7 + FU6b\_7 | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | | |