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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 FU2Default: 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 includedtherapy. | 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-yyyyThe 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 | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| |