

## 90 DAYS FOLLOW-UP FORM

Support: [mail](#) or +45 3545 7237

### Survival status 90 days post-randomisation

FU1 Date of 90-day follow-up  [\[info\]](#)

FU2 Did the patient die within 90 days after randomisation?  Yes  No

FU2a Date of death?   (dd-mm-yyyy)

### Duration of life-support from day 29 to day 90

FU3 Did the patient receive invasive mechanical ventilation from day 29-90?  Yes  No [\[info\]](#)

FU4 Did the patient receive vasopressors or inotropes from day 29-90?  Yes  No [\[info\]](#)

FU5 Did the patient receive renal replacement therapy from day 29-90?  Yes  No [\[info\]](#)

### Length of hospital stay at day 90

FU6 Discharged alive from the hospital within 90 days?  Yes  No [\[info\]](#)

FU6a Date of hospital discharge (index admission)?   (dd-mm-yyyy) [\[info\]](#)

### Additional hospital admissions

FU7 Has the patient had any additional hospital admissions within 90 days after randomisation?  Yes  No [\[info\]](#)