

ONE-YEAR FOLLOW-UP

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#	Question	Answer	Info	Validation and limits	Further comments for data manager
Survival status one year post-randomisation					
FU1	Date of follow-up	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy		Automatically generated 365 days post-randomisation
FU2	Was the patient dead on the date of follow-up?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please see date above.	Required	
FU2a	Date of death?	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	Only if 'YES' in FU2
FU3	Lost MoCA test mini follow-up?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	Only if
FU3a	Reason for lost MoCA test mini follow-up	<input type="checkbox"/> Consent withdrawn/Not given <input type="checkbox"/> Unable to get hold of the patient <input type="checkbox"/> Patient did not wish to participate <input type="checkbox"/> Other		Required	Only if 'YES' in FU3
FU3b	Please specify other reason	_____			Only if 'Other' in FU3a
FU4	Date of MoCA mini interview	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	Only if 'NO' in FU2 and 3
FU5	Years of education		Numeric value from 1	Required	Only if 'NO' in FU2 and FU3
FU6	Attention		Numeric value from 0-5 Based on MoCA test mini questionnaire	Required	Only if 'NO' in FU2 and FU3
FU7	Executive functions/language		Numeric value from 0-9	Required	Only if 'NO' in FU2 and FU3

			Based on MoCA test mini questionnaire		
FU8	Orientation		Numeric value from 0-6 Based on MoCA test mini questionnaire	Required	Only if 'NO' in FU2 and FU3
FU9	Memory		Numeric value from 0-10 Based on MoCA test mini questionnaire	Required	Only if 'NO' in FU2 and FU3
FU10	Lost to EuroQol follow-up?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
FU10a	Reason for lost to EuroQol follow-up	<input type="checkbox"/> Consent withdrawn/Not given <input type="checkbox"/> Unable to get hold of the patient <input type="checkbox"/> Patient did not wish to participate <input type="checkbox"/> Other		Required	Only if 'YES' in FU10
FU10b	Please specify other reason	_____			Only if 'Other' in FU10a
FU11	Date of EQ-5D-5L and EQ-vas interviews	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	Only if 'NO' in FU2 and FU10
FU12	EQ-5D-5L score Mobility?	1: I have no problems in walking about 2: I have slight problems in walking about 3: I have moderate problems in walking about 4: I have severe problems in walking about 5: I am unable to walk about The answer is not obtainable	Numeric value from 0-5 Based on EQ-5D-5L questionnaire	Required	Only if 'NO' in FU2 and FU10
FU13	EQ-5D-5L score Self-care?	1: I have no problems with washing or dressing myself 2: I have slight problems with washing or dressing myself 3: I have moderate problems with washing or dressing myself	Numeric value from 0-5 Based on EQ-5D-5L questionnaire	Required	Only if 'NO' in FU2 and FU10

		4: I have severe problems with washing or dressing myself 5: I am unable to wash or dress myself The answer is not obtainable			
FU14	EQ-5D-5L score Usual activities?	1: I have no problems doing my usual activities 2: I have slight problems doing my usual activities 3: I have moderate problems doing my usual activities 4: I have severe problems doing my usual activities 5: I am unable to do my usual activities The answer is not obtainable	Numeric value from 0-5 Based on EQ-5D-5L questionnaire	Required	Only if 'NO' in FU2 and FU10
FU15	EQ-5D-5L score Pain/discomfort?	1: I have no pain or discomfort 2: I have slight pain or discomfort 3: I have moderate pain or discomfort 4: I have severe pain or discomfort 5: I have extreme pain or discomfort The answer is not obtainable	Numeric value from 0-5 Based on EQ-5D-5L questionnaire	Required	Only if 'NO' in FU2 and FU10
FU16	EQ-5D-5L score Anxiety/depression?	1: I am not anxious or depressed 2: I am slightly anxious or depressed 3: I am moderately anxious or depressed 4: I am severely anxious or depressed 5: I am extremely anxious or depressed The answer is not obtainable	Numeric value from 0-5 Based on EQ-5D-5L questionnaire	Required	Only if 'NO' in FU2 and FU10
FU17	EQ-VAS score?	_ _ _ _	Numeric value from 0-100 Based on EQ-VAS questionnaire	Required	Only if 'NO' in FU2 and FU10
FU18	EuroQol follow-up conducted by proxy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	Only if 'NO' in FU2 and FU10

FU19	How is your current condition (health and quality of life related) after your treatment in the ICU?	<input type="checkbox"/> Unacceptable <input type="checkbox"/> Neutral <input type="checkbox"/> Acceptable	The patients' subjective opinion	Required	Only one answer
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