

6 Month Follow-up

Date of randomisation

This form should be completed at least 6 months after randomisation, unless the patient has died before this. If you know the patient to be alive, please wait until before completing.

Patient's year of birth *

yyyy

Patient's year of birth

Patient's sex *

- Male
 Female
 Unknown

1.1 Is the patient known to have died? *

- Yes
 No
 Unknown

1.1.1 What was the date of death?

yyyy-mm-dd

1.1.2 What was the cause of death?

- Influenza
 Community-acquired pneumonia
 Other infection Cardiovascular
 Other External Unknown

Further details

1.2 When was the patient last known to be alive? *

yyyy-mm-dd

2. Has the patient been discharged alive from their index hospital admission? *

Index admission = admission during which they were randomised

- Yes
 No
 Unknown

2.1 What was the earliest date the patient was discharged from hospital after randomisation? (Do not include a transfer to another hospital for further treatment)

yyyy-mm-dd

3. In the 6 months after randomisation, did the patient ever receive invasive ventilation? *

- Yes
 No
 Unknown

4. In the six months after randomisation, did the patient ever receive renal dialysis or haemofiltration? *

- Yes
 No
 Unknown

5. In the six months after randomisation, did the patient have another unplanned admission to hospital?

Do not include the index admission, planned admissions, or ED attendance without admission

- Yes
 No
 Unknown

Instructions:

To add a new re-admission (or extension of hospital care) press the + button located below the table. If a re-admission has been incorrectly added, press the - button for that re-admission, which is located to the right of the table.

Re-admission or extension of hospital care

Please select the reason for re-admission or extension of hospital care

- Influenza
 Community-acquired pneumonia
 Other infection
 Cardiovascular Other
 External Unknown

Further details

Further details 2

What was the date of admission?

yyyy-mm-dd

6. Excluding the index admission, how many nights did this patient require hospital care for in total since randomisation?

7. Did the research team attempt to contact the patient or their relative to complete this form?

- Yes
- No
- Unknown

7.1 Was it possible to contact the patient or relative?

*

- Yes
- No
- Unknown

Thank you for completing this form.
