1. Vital status on discharge (choose one)

Alive  Dead

1. Hospital discharge date and time // : : (24 hour clock) yyyy m m dd hh m m ss
2. Destination upon discharge from hospital *(choose one):*

Discharge to rehabilitation unit

Discharge to other hospital

Discharge to nursing home

Discharge to home

N/A - patient died

Other, specify

Unknown

1. Where was the definitive clinical care received for the participant/subject? (*Choose one):*

None

Outpatient Clinic

Emergency Department-Trauma Center

Emergency Department-Non-trauma Center

Other, specify

## Additional Supplemental Elements:

These elements may be included if relevant to the study. For additional details like permissible values, see the data dictionary associated with this CRF.

* ICU discharge date and time
* ICU discharge destination type