1. Vital status on discharge (choose one):

Alive

Dead

1. Hospital discharge date and time (m m/dd/yyyy):

(HH:MM, 24 hr clock):

1. 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