1. Vital status on discharge (choose one):

[ ]  Alive [ ]  Dead

1. Return to work or school (choose one):

[ ]  Returned to previous level

[ ]  Different work or school

[ ]  Did not return to work or school

[ ]  Unknown

[ ]  Same work or school, reduced level

[ ]  Only in sheltered environment

[ ]  N/A

1. Type of residence (choose one):

[ ]  Rehabilitation center

[ ]  Nursing home

**[ ]** N/A - patient died

[ ]  Unknown

[ ]  Hospital

[ ]  Home

**[ ]** Other, specify