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