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