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