

90 DAYS FOLLOW-UP

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| # | Question | Answer | Info | Validation and limits | Further comments for data manager |
|---|--|---|---|-----------------------|--|
| Survival status 90 days post-randomisation | | | | | |
| FU1 | Date of 90-day follow-up | _ _ - _ _ - _ _ _ _ | Automatically generated from the randomisation date. | | |
| FU2 | Did the patient die within 90 days of follow-up? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Please see date above. | Required | |
| FU2a | Date of death? | _ _ - _ _ - _ _ _ _ | Format: dd-mm-yyyy | Required | Only if 'YES' in FU2 Default: This date may not lie after date of 90-day follow-up. |
| Length of hospital stay at day 90 | | | | | |
| FU3 | Discharged from the hospital within 90 days? | <input type="checkbox"/> YES <input type="checkbox"/> NO | YES, if the patient was discharged from the hospital within the 90 days. NO, if the patient was still admitted to the hospital at the end of the study period. | Required | |
| FU3a | Date of hospital discharge (index admission) | _ _ - _ _ - _ _ _ _ | Format: dd-mm-yyyy The day, the patient is discharged from the index admission (the admission where the patient was randomised in the GODIF trial). | Required | Only if 'YES' in FU3 |

Additional hospital admissions

“Add” new row for each additional admission.

| | Hospital admission (dd-mm-yyyy) | Hospital discharge (dd-mm-yyyy) |
|-------|---------------------------------|---------------------------------|
| FU4_1 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_2 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_3 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_4 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_5 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_6 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |
| FU4_7 | _ _ - _ _ - _ _ _ _ _ | _ _ - _ _ - _ _ _ _ _ |

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|-----|---|------------------------------|------|-----------------------|-----------------------------------|
| FU5 | Is the patient still admitted to hospital | <input type="checkbox"/> YES | | | |