## 6 Month Follow-up form

## **Date of randomisation**

This form should be completed at least	6 months after randomisation,	
unless the patient has died before this. If you know the patient to be alive,		
please wait until before completing.		
1.1 Is the patient known to have died?		
Yes		
○ No		
Unknown		
1.1.1 What was the date of death?		
2024-02-01		
1.1.2 What was the cause of death?	Further details	
Pneumonia Other infection	Cardiac Stroke	
Cardiovascular Other	Other vascular	
External Unknown		
1.2 When was the patient last known to be alive?		
yyyy-mm-dd		
2. Since randomisation, has the patient ever received invasive mechanical ventilation for pneumonia?		
Yes		
<ul><li>No</li></ul>		
Unknown		
2.1 What was the total number of days they received invasive mechanical ventilation for COVID-19 after randomisation?		
3. Has the patient been discharged alive from their index hospital admission?  Index admission = admission during which they were randomised  Yes  No  Unknown		
OTIKITOWIT		

3.1 What was the earliest date the patient was discharged from hospital after randomisation? (Do not include a transfer to another hospital for further treatment)			
2024-01-01			
4. Did the patient receive any renal dialysis or haemofiltration after randomisation?			
Yes			
No			
Unknown			
5. After randomisation, has the patient been admitted to hospital with, or required extension o fhospital care for, a serious illness other than pneumonia?			
Yes			
○ No			
Unknown			
Instructions:			
To add a new re-admission (or extension of hospital care) press the + button located below the table. If a re-admission has been incorrectly added, press the - button for that re-admission, which is located to the right of the table.			
Re-admission or extension of hospital care 1			
Please select the reason for re-admission or extension of hospital care  Pneumonia	Further details  Cardiac Stroke  Other vascular	Further details 2  Haemorrhagic Ischaemic Unknown	
Other infection			
Cardiovascular Other			
External Unknown			
What was the date of re-admission or event requiring extension of hospital care?			
2024-01-15			
6. Excluding the index admission, how many nights did this patient require hospital care for in total since randomisation?			
Thank you for completing this form.			