

REDUSE 6-month follow-up data sheet

**Patient ID:** \_\_\_\_\_

**Date of follow-up** (dd-MMM-yyyy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Survival status:**

- Alive
- Deceased
- Unknown

**Place of follow-up:**

- At an institution
- In the home of the patient
- By telephone
- Digital

*Use this sheet to record data during the 6 month follow-up in the REDUSE trial.  
Before the follow-up send separate test sheets in a letter: Life satisfaction, WHODAS and MFIS. Put EQ-5D-5L in a sealed envelope in the same letter to be opened during the follow-up.*

*Use separate test sheets for GOSE and MoCA during the follow-up.*

**EQ-5D-5L**

*Use the separate test sheet. Ask the informant to open the sealed envelope and complete the form quietly before you ask for the answers.*

- Completed

**Background information**

*Information on patient characteristics*

**Native language:**

Does the patient have a native language other than the test language?

- Yes
- No

*If Yes, Do you judge the patient sufficiently good at the test language to complete the tests?*

- Yes
- No

*If No, Have you used an authorized interpreter?*

- Yes
- No

**Indicate if the patient has problems with any of the following capabilities that you think may have interfered with the patient's ability to perform the tests.**

*Several answers possible. Note: If the patient has problems with hearing or vision that are corrected for by hearing aid or glasses, **you should not indicate**. It is important to note if the patient had cognitive/mental problems prior to the cardiac arrest.*

- No problems
- Hearing
- Vision
- Speech problems
- Dyslexia (self-reported)
- Memory problems or other cognitive problems prior to the episode of sepsis
- Paresis
- Other

*If other: Specify (free text):* \_\_\_\_\_

**Does the patient have a known neurological disease?**

*Note. Any neurological disease including: Stroke, Multiple Sclerosis, Parkinson's disease, Dementia etc.*

- Yes
- No

*If yes, Specify (free text):* \_\_\_\_\_

**What is the highest education level that the patient has attained?**

*Use functional equivalent of the following for a given society (based on international standard classification of education by UNESCO)*

- No formal education
- Incomplete primary/lower secondary school
- Complete primary/lower secondary school  
*Note: Primary/lower secondary school mostly refers to 9 years of school (but may range between 8-11 years depending on national differences)*
- Incomplete upper secondary school
- Complete upper secondary school  
*Note: Upper secondary school mostly refers to 12 years of school (but may range between 11-13 years depending on national differences)*
- Some university-level education, without degree
- University-level education, with degree

**Is the patient currently**

- Married/Living together as married
- Living alone

**What is the patient's current place of residence?**

- Home
- Hospital
- Rehabilitation centre
- Nursing home
- Other

*If other:* Specify (free text): \_\_\_\_\_

**What was the patient's occupational status before the episode of sepsis?**

- Working full-time (30 hours a week or more)
- Working part-time (less than 30 hours a week)
- Unemployed
- Retired due to age
- Retired due to disability/health problems
- On sick leave
- Other (e.g. student, housewife)

*If other:* Specify (free text): \_\_\_\_\_

**What is the patient's occupational status at the time of the follow-up?**

- Working full-time (30 hours a week or more)
- Working part-time (less than 30 hours a week)
- Unemployed
- Retired due to age
- Retired due to disability/health problems
- On sick leave
- Other (e.g. student, housewife)

*If other:* Specify (free text): \_\_\_\_\_

*If return to work,* At what time-point after episode of sepsis did the patient return to work?

(dd-MMM-yyy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Has the patient participated in any rehabilitation after the episode of sepsis?**

*Select all that apply*

- No
- Inpatient rehabilitation
- Outpatient rehabilitation
- Home-based rehabilitation (community)

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- Physiotherapist only
- Occupational therapist only
- Counselling (by e.g. social worker or psychologist )
- Cognitive Behavioural Therapy
- Other

If other, Specify: \_\_\_\_\_

## **GOSE**

*Use the separate test sheet with the GOSE interview in your language to obtain information for the GOSE scoring, but wait with the final scoring until later. The final score will be the lowest score indicated at the interview **by any** of the sources for information (patient, informant, outcome assessor or other sources of information)*

- Interview completed

## **MoCA**

*Use the separate test sheet and instructions in your language.*

- Test completed in a separate sheet

## **Life Satisfaction**

- Completed in a separate sheet

## **WHODAS 2.0**

- Completed in a separate sheet

## **Modified Fatigue Impact Scale (MFIS)**

- Completed in a separate sheet

**The follow-up is now completed. You may need to ask some additional questions for the GOSE scoring.**



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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_