

Stroke Oxygen Study Discharge Form

Please complete this form on the patient's discharge from hospital or transfer from the centre.

If the patient has died please complete the notification of death form in the CRF and online.

Centre Name

Patient Randomisation Number

Did the patient survive to be discharged from the randomising centre?

No - If No, date of death (dd/mon/yyyy)

Primary cause of death

Please complete an SAE (stating cause of death) and a notification of death form

Yes – If Yes, date of discharge (dd/mon/yyyy)

Has the patient been discharged to:

- Patients own home
- Home of a relative
- Residential home
- Nursing home
- Continuing care hospital, If yes name
- Transfer to another hospital, If yes name
- Other, please specify

Was this patient independently mobile on discharge?

Yes

No

Stroke Oxygen Study Re-Admission Form

Please provide the following details for each hospital re-admission which the patient has from the date of randomisation until 12 months post randomisation.

Centre Name

Patient Randomisation Number

Date of re-admission (dd/mon/yyyy)

Duration of re-admission days

Date of discharge (dd/mon/yyyy)

Reason for re-admission

Discharged to:

- Patients own home
- Home of a relative
- Residential home
- Nursing home
- Continuing care hospital, If yes name
- Transfer to another hospital, If yes name
- Other, please specify

Has an SAE been sent?

- Yes
- No – If no, please report asap.