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Screening / Randomisation

Participant details

Participant initials XXX ◯ Unknown at this time

Date of birth dd-MMM-yyyy ◯ Unknown at this time, presumed to be over 18

Sex at birth ◯ Male ◯ Female

Date and time of Return of Spontaneous Circulation (ROSC) dd-MMM-yyyy :

Eligibility criteria

Arrest location		◯ Out-of-hospital	◯ In-hospital
Cause of arrest	**Cardiac** ◯ STEMI ◯ NSTEMI/ACS ◯ Arrhythmia (non-ischemic VT/VF) ◯ Heart failure ◯ Other cardiac	**Non-cardiac** ◯ Hypoxia ◯ Pulmonary embolism ◯ Overdose ◯ Asphyxia/strangulation ◯ Other medical cause	◯ Trauma/ Bleeding ◯ Intracranial bleed
Patient unconscious		◯ Yes	◯ No
Patient eligible for intensive care without restrictions or limitations		◯ Yes	◯ No
Patient on ECMO		◯ No	◯ Yes
Patient pregnant		◯ No	◯ Yes
Patient previously randomized in the STEPCARE trial		◯ No	◯ Yes

If any of the options in the right column with red shading are checked in this section, the patient **does not** meet the eligibility criteria of the STEPCARE trial.

Perceived prognosis - for research purposes

Do you (physician randomising or physician in-charge) think this patient will have a good neurological outcome in 6 months?

- ◯ Yes - I, the physician randomising or physician in-charge, think this patient will have a good neurological outcome in 6 months
- ◯ No - I, the physician randomising or physician in-charge, do not think this patient will have a good neurological outcome in 6 months
- ◯ I am not a physician and the physician in charge is not available to answer this question right now

Consent

Consent obtained or HREC / IRB approval obtained to use data for this patient ◯ Yes ◯ No

◯ **Patient died before consent could be obtained; permission to use data obtained from HREC/IRB**

Date of consent or HREC / IRB approval dd-MMM-yyyy

◯ **Patient consent to continue**

Date of patient consent to continue obtained dd-MMM-yyyy

◯ **Person responsible consent to continue**

Date of person responsible consent to continue obtained dd-MMM-yyyy

◯ **Patient consent to continue following person responsible**

Date of patient consent to continue following person responsible obtained dd-MMM-yyyy

Key baseline

Witnessed arrest ◯ Yes ◯ No ◯ Unknown

Bystander CPR ◯ Yes ◯ No ◯ Unknown

Shockable rhythm ◯ Yes ◯ No

If shockable: Type?
◯ Ventricular fibrillation (VF)
◯ Ventricular tachycardia (VT)
◯ ROSC after bystander defibrillation
◯ Unknown shockable rhythm

If non-shockable: Type?
◯ Pulseless electrical activity (PEA)
◯ Asystole
◯ Unknown non-shockable rhythm

Changing rhythms
(Any 2 of VF/PEA/Asystole - if unknown select No) ◯ Yes ◯ No

First pH ◯ Not recorded

Adrenaline given ◯ Yes ◯ No

Pupillary reflexes present bilaterally ◯ Yes ◯ No ◯ Unknown

Baseline

Pre-hospital data

Date and time of cardiac arrest dd-MMM-yyyy :

Scene of cardiac arrest
◯ Home: Patient's own apartment or house, backyard of a home
◯ Work: Place of employment
◯ Public space: The street, park, shopping centre, airport, church, gym, stadium
◯ Nursing facility: Long-term care home, rehabilitation facility
◯ Ambulance
◯ Other: Location not applicable to other categories

Date and time of initiation of advanced life support (ALS) dd-MMM-yyyy :

Was there chest pain or discomfort prior to the arrest ◯ Yes ◯ No ◯ Unknown

Background

Weight on admission ◯ Not done

Height on admission ◯ Not done

Estimated pre-Arrest Functional Status

◯ Dependent in basic activities of daily life
◯ Independent in basic activities of daily life
◯ No applicable option

Previous diagnoses or treatments

Previous percutaneous coronary intervention (PCI)	◯ Yes ◯ No
Previous coronary artery bypass grafting (CABG)	◯ Yes ◯ No
Previous known heart failure with pharmacological treatment	◯ Yes ◯ No
Previous implantable cardioverter defibrillator (ICD)	◯ Yes ◯ No
Previous hypertension with pharmacologic treatment	◯ Yes ◯ No
Previous stroke or transitory ischemic attack	◯ Yes ◯ No
Previous COPD (chronic obstructive pulmonary disease)	◯ Yes ◯ No
Previous diabetes mellitus	◯ Yes ◯ No
Previous Kidney Disease (CKD4, eGFR<30)	◯ Yes ◯ No

Data at ICU admission - first recorded values

Please enter the first recorded data point from the emergency room after ROSC.
If data from the emergency room is unavailable, use the first available data point from the cath lab, theatre or ICU.

ICU admission dd-MMM-yyyy :

First temperature on admission to hospital ◯ Temp - not done

Motor response:
◯ Makes sign (thumbs up,fist, peace)
◯ Localising to pain
◯ Flexion response to pain
◯ Extension response to pain
◯ No response to pain
◯ Not assessed

Corneal reflexes ◯ Absent bilaterally ◯ Present bilaterally ◯ Not assessed

Pupillary reflexes ◯ Absent bilaterally ◯ Present bilaterally ◯ Not assessed

Physiology and investigations

STEMI? ◯ Yes ◯ No ◯ No ECG

If not STEMI - other ECG changes suspicious for acute ischemia?
◯ T-wave inversions
◯ ST-segment depression
◯ New or presumed new LBBB
◯ New or presumed new RBBB
◯ None of the above

ECG rhythm
◯ Sinus
◯ Atrial fibrillation or flutter
◯ Other

First available creatinine at admission ◯ Not done
◯ µmol/L
◯ mg/dL

Highest outpatient (not in hospital) creatinine measured during the previous 6 months before this cardiac arrest ◯ Not done
◯ µmol/L
◯ mg/dL

First available troponin ◯ Troponin T ◯ Troponin I
◯ Not done
◯ ng/L
◯ ng/mL

Shock on admission to the ICU ◯ Yes ◯ No
If yes - severity of shock (SCAI class):
- ◯ Beginning - Hemodynamic instability without hypoperfusion
- ◯ Classic - Clinical evidence of hypoperfusion (needs vasopressor or mechanical support)
- ◯ Deteriorating - Worsening shock, despite escalade therapy
- ◯ Extremis - Refractory shock with impending cardiovascular collapse

Echocardiography performed during first 24h ◯ Yes ◯ No

If yes - Left Ventricular Ejection Fraction
◯ Normal (>55%)
◯ Mildly reduced (40-54%)
◯ Moderately reduced (30-40%)
◯ Severely reduced (<30%)

If yes - other pathology
◯ Severe aortic stenosis
◯ Severe mitral regurgitation
◯ Severe tricuspid regurgitation
◯ Regional wall motion abnormality
◯ None

If yes - Depressed Right Ventricular Function ◯ Yes ◯ No

Hourly observations

Enter the data for each time, or where data are not available, enter data from the closest time where they were available (if there are no new data since the prior time point, leave the field blank). Hours are numbered relative to hour 0 (e.g. the hour of randomisation).

Core measurements, RASS and drugs - hours 0 through 24

End of hour:	0	2	4	6	8	12	14	16	18	20	22	24
Core temp. (°C)												
MAP (mmHg)												
Systolic BP (mmHg)												
Diastolic BP (mmHg)												
Heart rate (bpm)												
RASS Score (-5 - +4)												
Propofol dose (mg/kg/min or ml/h)*												
Dexmedetomidine dose (ug/kg/h)												
Midazolam infusion (Y/N)												
Dobutamine infusion (Y/N)												
Adrenaline infusion (Y/N)												
Patient responds to commands (Y/N)												

Black cells indicate data not sampled at this specific time point - leave blank. *For ml/h, convert to a propofol concentration of 10 mg/ml (1%).

Core measurements, RASS and drugs - hours 28 through 120

End of hour:	28	32	36	40	48	56	72	96	120
Core temp. (°C)									
MAP (mmHg)									
Systolic BP (mmHg)									
Diastolic BP (mmHg)									
Heart rate (bpm)									
RASS Score (-5 - +4)									
Propofol dose (mg/kg/min or ml/h)*									
Dexmedetomidine dose (ug/kg/h)									
Midazolam infusion (Y/N)									
Dobutamine infusion (Y/N)									
Adrenaline infusion (Y/N)									
Patient responds to commands (Y/N)									

Black cells indicate data not sampled at this specific time point - leave blank. *For ml/h, convert to a propofol concentration of 10 mg/ml (1%).

Ventilation and neurology - hours 0 through 120

End of hour:	0	12	24	48	72	96	120
Mechanically ventilated (Y/N)							
Respiratory rate							
FiO2							
SaO2							
PaO2							
PaCO2							
pH							
Lactate							
Creatinine							
PEEP							
Tidal volume							
Ventilation mode (Pressure Control / Volume Control / Not Ventilated or extubated)							
FOUR-score motor (0-4)							
Corneal reflexes present (Y/N)							
Pupillary reflexes present (Y/N)							
Any tonic-clonic seizure since the last time point (Y/N)							
Any status myoclonus since the last time point (Y/N)							
ICU mobility score (0-10)							
Delirium present (assessed by CAM-ICU or ICDSC)							

Neuroprognostication

Continuous or simplified EEG monitoring

Was a continuous EEG monitoring performed during the ICU stay? ◯ Yes ◯ No

If yes: Was a highly malignant pattern registered on cEEG after more than 24 h post-arrest?

◯ Not assessed
◯ Burst-suppression (with or without superimposed discharges)
◯ Suppression (with or without superimposed discharges)
◯ No

If yes: Was the cEEG reactive to external stimuli at any time point? ◯ Yes ◯ No ◯ Unknown

If yes: How many hours after randomisation was the EEG background normalised to a continuous or near continuous background?

◯ Never achieved a continuous background
◯ Unknown

Brain CT

Record while in this hospital admission.

Was a brain CT performed during the hospital stay? ◯ Yes ◯ No

Date and time when first brain CT performed dd-MMM-yyyy :

First CT with signs of diffuse and extensive brain injury indicative of a poor outcome ◯ Yes ◯ No

First CT with bleeding ◯ Yes ◯ No

Please specify what type of bleeding was seen on first CT:

Was a second brain CT performed during the hospital stay? ◯ Yes ◯ No

Date and time when second brain CT performed dd-MMM-yyyy :

Second CT with signs of diffuse and extensive brain injury indicative of a poor outcome ◯ Yes ◯ No

Second CT with bleeding ◯ Yes ◯ No

Please specify what type of bleeding was seen on second CT:

Was a third brain CT performed during the hospital stay? ◯ Yes ◯ No

Date and time when third brain CT performed dd-MMM-yyyy :

Third CT with signs of diffuse and extensive brain injury indicative of a poor outcome ◯ Yes ◯ No

Third CT with bleeding ◯ Yes ◯ No

Please specify what type of bleeding was seen on third CT:

Brain MRI

Was a brain MRI performed during the ICU stay? ◯ Yes ◯ No

Date and time when first brain MRI performed dd-MMM-yyyy :

First MRI with signs of diffuse and extensive hypoxic brain injury indicative of a poor outcome ◯ Yes ◯ No

Was a second brain MRI performed during the ICU stay? ◯ Yes ◯ No

Date and time when second brain MRI performed dd-MMM-yyyy :

Second MRI with signs of diffuse and extensive hypoxic brain injury indicative of a poor outcome ◯ Yes ◯ No

Somatosensory Evoked Potential (SSEP)

Was SSEP performed during the ICU stay? ◯ Yes ◯ No

Date and time when SSEP performed dd-MMM-yyyy :

N20 potentials absent bilaterally ◯ Yes ◯ No ◯ Not assessable

N20 amplitude left hemisphere ◯ Not assessed

N20 amplitude right hemisphere ◯ Not assessed

Was a second SSEP performed during the ICU stay? ◯ Yes ◯ No

Date and time when second SSEP performed dd-MMM-yyyy :

N20 potentials absent bilaterally ◯ Yes ◯ No ◯ Not assessable

N20 amplitude left hemisphere ◯ Not assessed

N20 amplitude right hemisphere ◯ Not assessed

Neuron-Specific Enolase (NSE) measurement

Was NSE measured? ◯ Yes ◯ No

Was NSE above 60 ng/ml (or above locally established cutoffs for poor outcome) at 48 h and/or 72 h ◯ Yes ◯ No

NSE concentration 24 h post-arrest ◯ N/A

NSE concentration 48 h post-arrest ◯ N/A

NSE concentration 72 h post-arrest ◯ N/A

Neurofilament light (NFL) measurement

Was NFL measured? ◯ Yes ◯ No

Was NFL above locally established cutoffs for poor outcome? ◯ Yes ◯ No

NFL concentration 24 h post-arrest ◯ N/A

NFL concentration 48 h post-arrest ◯ N/A

NFL concentration 72 h post-arrest ◯ N/A

Neuroprognostication

Was a neurological prognostication performed? ◯ Yes ◯ No

Date and time when prognostication was performed according to protocol dd-MMM-yyyy :

Confounding factors such as severe metabolic derangement and lingering sedation has been ruled out ◯ Yes ◯ No

When was the last given dose of a sedative agent prior to prognostication?

◯ No sedative given during the ICU stay

FOUR Motor response at the timepoint of prognostication

◯ Make sign (thumbs up, fist, peace)
◯ Localising to pain
◯ Flexion response to pain
◯ Extension response to pain
◯ No response to pain or generalised status myoclonus
◯ Not assessed

Corneal reflexes bilaterally absent at the timepoint of prognostication
◯ Yes
◯ No
◯ Not assessed

Pupillary reflexes bilaterally absent at the timepoint of prognostication
◯ Yes
◯ No
◯ Not assessed

Status myoclonus <72 h post arrest
◯ Absent
◯ Present
◯ Not assessed

Interventions

Coronary angiogram

Coronary angiography performed? ◯ Yes ◯ No

Date and time coronary angiography performed dd-MMM-yyyy :

Results of coronary angiography
◯ No substantial disease
◯ 1-vessel disease
◯ 2-vessel disease
◯ 3-vessel disease

Coronary artery bypass grafting (CABG) performed

Coronary artery bypass grafting (CABG) performed? ◯ Yes ◯ No

Date and time when CABG was performed dd-MMM-yyyy :

Implantable defibrillator (ICD)

Patient received an ICD before leaving hospital ◯ Yes ◯ No

Left Ventricular Ejection Fraction (LVEF)

LVEF assessment performed by echocardiography ◯ Yes ◯ No ◯ N/A

Last in-hospital measurement

◯ Normal or hyperdynamic (>50%)
◯ Mildly reduced (40-50%)
◯ Moderately reduced (30-40%)
◯ Severely reduced (<30%)

Cardiac troponin

Was cardiac troponin measured during this hospital admission? ◯ Yes ◯ No

Date and time of highest cardiac troponin measurement dd-MMM-yyyy :

Highest cardiac troponin value measured:

◯ Troponin T
◯ Troponin I

Mechanical Cardiac Support

Was mechanical cardiac support used? ◯ Yes ◯ No

Was an IABP used? ◯ Yes ◯ No

dd-MMM-yyyy Date IABP used

Was a PVAD (Impella) used? ◯ Yes ◯ No

dd-MMM-yyyy Date PVAD (Impella) used

Was VA-ECMO used? ◯ Yes ◯ No

dd-MMM-yyyy Date VA-ECMO used

Was an LVAD placed? ◯ Yes ◯ No

dd-MMM-yyyy Date LVAD placed

Renal Outcomes - during ICU stay

Highest creatinine during this ICU stay ◯ Not done

Did the patient receive RRT during this hospital stay? ◯ Yes ◯ No

Last measured creatinine when discharged from this primary hospital ◯ Not done

Was the patient still on dialysis when discharged from hospital? ◯ Yes ◯ No

TTM Device in the ICU

Was a device used for temperature management? ◯ Yes ◯ No

What kind of device? ◯ Surface ◯ Intravascular

Which date and time was it started? dd-MMM-yyyy :

Why was it started?
◯ Yes - according to protocol, the temperature was >37.8°C
◯ Yes - because of a very high temperature and severely deranged physiology
◯ Yes - clinical team error (not according to protocol)

Mean Arterial Pressure Goal

MAP-target changed or abandoned before extubation or 72h? ◯ Yes ◯ No

If yes - was a lower or higher target used? ◯ Lower ◯ Higher

If lower - why was a lower target used?
◯ Escalation of vasoactive treatment not achieving a higher MAP
◯ Cardiac reasons
◯ Evaluation for total brain infarction/brain death
◯ Major surgery
◯ Intracranial bleeding
◯ Bleeding (extracranial)
◯ Error (clinical team forgot)
◯ Other reason

Sedation strategy

Did the patient receive continuous sedation for the ENTIRE 36 hours post randomisation?
◯ Yes ◯ No

If yes - why was continuous sedation started?
◯ The patient was allocated to early awakening but needed sedation to facilitate general ICU (e.g. due to cardiorespiratory instability or agitation)
◯ The patient was allocated to early awakening but needed sedation to control seizures or myoclonus
◯ The patient was allocated to 36 hours of sedation

If no - why wasn't continuous sedation started?
◯ The patient was allocated to early awakening and sedation was ceased as per protocol
◯ The patient was allocated to 36 hours of sedation but sedation was ceased before 36 hours to allow assessment for brain death or because the patient had died
◯ The patient was allocated to 36 hours of sedation but was woken before 36 hours (complete a protocol deviation)

Discharge

ICU discharge

Date and time of last extubation dd-MMM-yyyy :

Did the patient wake up during their ICU stay ◯ Yes ◯ No

Estimated date and time of awake and obeying verbal commands dd-MMM-yyyy :

Did the patient receive any anti-seizure medication (except sedation such as Propofol) during the ICU stay?
◯ Yes
◯ Yes, patient with pre-existing epilepsy
◯ No
◯ Unknown

Date and time of ICU discharge dd-MMM-yyyy :

Patient discharged to:
◯ Dead
◯ Other ICU
◯ Coronary care unit
◯ Neurological ward

ICU readmission

Was the patient readmitted to the ICU? ◯ Yes ◯ No

ICU readmission R1 dd-MMM-yyyy :

Withdrawal of life-sustaining therapies (WLST)

Was active intensive care withdrawn? ◯ Yes ◯ No

Specify reasons for withdrawal of active intensive care
◯ Presumed severe brain injury secondary to cardiac arrest
◯ Irreversible organ failure
◯ Terminal medical comorbidity
◯ Other

Date and time when WLST decision was made dd-MMM-yyyy :

Hospital discharge

Date of discharge dd-MMM-yyyy :

Patient discharged to:

- ◯ Dead
- ◯ Home
- ◯ Rehabilitation facility
- ◯ Nursing home
- ◯ Other hospital (ward)
- ◯ Other ICU

Initial cardiac arrest

Based on the available information, what was the most probable cause of the initial cardiac arrest? (select one)

Cardiac
◯ Acute coronary syndrome - STEMI
◯ Acute coronary syndrome - NSTEMI
◯ Arrhythmia - due to cardiomyopathy
◯ Arrhythmia -due to primary heart rhythm abnormalities (Brugada, long-QT)
◯ Heart failure
◯ Hypertrophic obstructive cardiomyopathy
◯ Congenital heart disease
◯ Myocarditis
◯ Brady-arrhythmia
◯ Idiopathic ventricular tachycardia
◯ Idiopathic ventricular fibrillation
◯ Other cardiac issues

Other medical
◯ Pulmonary embolism
◯ Anaphylaxis
◯ Electrolyte disorder
◯ Hypoxia
◯ Hypoglycaemia
◯ Sepsis
◯ Other medical cause

External
◯ Trauma
◯ Overdose

Other
◯ Non-cardiac and non-medical

Complications

Infectious Complications in the ICU

Did the patient develop sepsis? ◯ No ◯ Sepsis ◯ Septic shock

Probable source of sepsis
◯ Pulmonary
◯ Urinary tract
◯ Abdominal
◯ Soft tissue
◯ Central Nervous System
◯ Other or Unknown

Did the patient develop pneumonia? ◯ Yes ◯ No

Did pneumonia occur after 48h or more of ICU care (VAP)? ◯ Yes ◯ No

Arrhythmic Complications in the ICU

Did the patient have a recurrent cardiac arrest (defibrillation or chest compressions)?
◯ Yes ◯ No

If yes:
◯ Ventricular fibrillation (VF) or Pulseless Ventricular Tachycardia (VT)
◯ PEA (or severe hypotension or bradycardia requiring chest compressions)
◯ Asystole

Other arrhythmia requiring cardioversion, an anti-arrhythmic drug, or temporary pacing?
◯ Yes ◯ No

If yes:
◯ Ventricular tachycardia
◯ Atrial fibrillation
◯ Atrial flutter
◯ Ectopic atrial tachycardia
◯ Bradycardia

Venous thromboembolism in the ICU

Deep Vein Thrombosis (DVT) or Pulmonary Embolism in the ICU? ◯ Yes ◯ No

If yes:

◯ Pulmonary embolism
◯ Deep Vein Thrombosis
◯ Cooling-catheter related thrombus

Ischemic complication

Mesenteric ischemia ◯ Yes ◯ No

Limb ischemia ◯ Yes ◯ No

Digital necrosis ◯ Yes ◯ No

Sedation complications

Unplanned extubation ◯ Yes ◯ No

Unplanned intubation during the hospital stay ◯ Yes ◯ No

Antipsychotics given during ICU stay ◯ Yes ◯ No

If yes:

◯ Olanzapine used
◯ Quetiapine used
◯ Haloperiodol used
◯ Other antipsychotic used

Biobank

Biobank sample collection

Blood samples collected for this participant ◯ Yes ◯ No

Kit ID _____ (########-SC-VAR): (8 digits)

Sample collected at:	12 hours	24 hours	48 hours	72 hours
Sampling date	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy
Sampling time	HH:MM	HH:MM	HH:MM	HH:MM
Date plasma placed in freezer	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy
Time plasma placed in freezer	HH:MM	HH:MM	HH:MM	HH:MM
Date serum placed in freezer	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy	dd-MMM-yyyy
Time serum placed in freezer	HH:MM	HH:MM	HH:MM	HH:MM
Date EDTA/PAX-tube placed in freezer*	dd-MMM-yyyy		dd-MMM-yyyy	
Time EDTA/PAX-tube placed in freezer*	HH:MM		HH:MM	

Black cells: No sample at this time point - leave blank. *EDTA at 12 hours, PAXgene RNA-tube at 48 hours.

Samples in storage

If the collected samples will not be scanned, please fill out this matrix:

	Box:	Tube allocation - check all that were used for each sampling timepoint, respectively					
12h plasma		◯ All	◯ 01	◯ 02	◯ 03	◯ 04	◯ N/A
12h serum		◯ All	◯ 01	◯ 02	◯ 03	◯ 04	◯ N/A
12h EDTA							
24h plasma		◯ All	◯ 05	◯ 06	◯ 07	◯ 08	◯ N/A
24h serum		◯ All	◯ 05	◯ 06	◯ 07	◯ 08	◯ N/A
48h plasma		◯ All	◯ 09	◯ 10	◯ 11	◯ 12	◯ N/A
48h serum		◯ All	◯ 09	◯ 10	◯ 11	◯ 12	◯ N/A
48h PAX							
72h plasma		◯ All	◯ 13	◯ 14	◯ 15	◯ 16	◯ N/A
72h serum		◯ All	◯ 13	◯ 14	◯ 15	◯ 16	◯ N/A

Is there any information in regards to sample collection or aliquoting for this specific patient you think it is important for us to know?

30-day Follow-up

Randomisation no:	
Date of 30-day follow-up	dd-MMM-yyyy
Place of follow-up: ◯ At an institution ◯ In the home of the patient ◯ By telephone ◯ By a digital meeting ◯ Other, please specify	If "other", please specify:
Participant's current place of residence: ◯ Home ◯ Hospital ◯ Rehabilitation center ◯ Nursing home ◯ Other, please specify	If "other", please specify:

Modified Rankin Scale (mRS-9Q)

Use the separate test sheet with the 9 questions in your language to obtain information for the mRS score. Use the mRS calculator found at www.modifiedrankin.com for scoring.

◯ **Completed**

Memories at time of cardiac arrest

When is your last memory prior to the cardiac arrest?

◯ I remember the cardiac arrest
◯ Minutes to hours prior to the cardiac arrest
◯ 1-2 days prior to the cardiac arrest
◯ 3-7 days prior to the cardiac arrest
◯ >1 week prior to the cardiac arrest
◯ Unknown

When is your first memory after the cardiac arrest?

- ◯ Around or immediately after the cardiac arrest
- ◯ Minutes to hours after the cardiac arrest
- ◯ 1-2 days after the cardiac arrest 3-7 days after the cardiac arrest
- ◯ >1 week after the cardiac arrest
- ◯ Unknown

The 30-day follow-up is now complete!

You may need to ask some additional questions for the mRS scoring and check that the there is no missing item at the questionnaires.

6-months Follow-up

Randomisation no:	
Date of 6-months follow-up	dd-MMM-yyyy

Place of follow-up:

- ◯ At an institution
- ◯ Web-based
- ◯ In the home of the patient
- ◯ By telephone

Does the participant have a native language other than the test language:

- ◯ No
- ◯ Yes

If yes: Do you judge the patient sufficiently good at the test language to complete the tests?

- ◯ No
- ◯ No, and used an authorized interpreter
- ◯ Yes

Use this sheet to record data during the extended 6 months follow-up in the STEPCARE trial.

Use separate test sheets for mRS

Prior to follow-up send EQ-5D-5L, Start the follow-up by checking that this questionnaire is completed

Participant characteristics

What is the highest education level that you have attained?
Based on international standard classification of education by UNESCO.

- ◯ No formal education
- ◯ Incomplete primary/lower secondary school
- ◯ Complete primary/lower secondary school may range between 8-11 years.
- ◯ Incomplete upper secondary school
- ◯ Complete upper secondary school may range between 11-13 years
- ◯ Some university-level education, without degree
- ◯ University-level education, with degree

What is your current place of residence?

- ◯ At home (living alone)
- ◯ At home (living with others e.g. married) Hospital
- ◯ Rehabilitation center
- ◯ Nursing home
- ◯ Other

What was your occupational status before the cardiac arrest?

- ◯ Paid work full-time
- ◯ Paid work part-time (health reasons)
- ◯ Paid work part-time (other reasons)
- ◯ Self-employed (as your own business or farming)
- ◯ Non-paid work (such as volunteer or charity)
- ◯ Student
- ◯ Keeping house/ homemaker
- ◯ Retired (due to age)
- ◯ Unemployed/ retired (health reasons
- ◯ Unemployed (other reasons)
- ◯ Other. Specify (free text): _____

What is your occupational status today (at the time of the follow-up)?

- ◯ Paid work full-time
- ◯ Paid work part-time (health reasons)
- ◯ Paid work part-time (other reasons)
- ◯ Self-employed (as your own business or farming)
- ◯ Non-paid work (such as volunteer or charity)
- ◯ Student
- ◯ Keeping house/ homemaker
- ◯ Retired (due to age)
- ◯ Unemployed/ retired (health reasons
- ◯ Unemployed (other reasons)
- ◯ Other. Specify (free text): _____

If return to work: When did you return after cardiac arrest?

dd-MMM-yyyy

mRS

Use the separate test sheet with the 9 questions in your language to obtain information for the mRS score. Use the mRS calculator found at www.modifiedrankin.com for scoring.

Use the separate test sheet and instructions in your language.
You need a Jamar dynamometer (only physical visit)

◯ **Completed**

EQ-5D-5L

Use the separate test sheet.

◯ **Completed**

The follow-up is now complete!
You may need to ask some additional questions for the mRS scoring and check that there is no missing item at the EQ-5D-5L.