

| Data Sharing Statement |  |   |
|------------------------|--|---|
| Article Info           | <a href="http://dx.doi.org/10.21037/apm-20-563">http://dx.doi.org/10.21037/apm-20-563</a>  |   |
| Item                   | Question   | Authors' Response<br>(place "-" if not applicable)  |
| 1                      | Would you like to share data collected for your study to others?   | yes   |
| 2                      | If not, would you like to share the reason for your decision?  |   |
| 3                      | What data in particular will be shared?  | -   |
| 4                      | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan, informed consent form, and clinical study report will also be shared if requested. |
| 5                      | When will data availability begin?   | From the publication date.  |
| 6                      | When will data availability end?   | Two years within the publication date, since the technique or survival date may be updated over time.         |
| 7                      | To whom will you share the data?   | Health care providers who are interested in this topic  |
| 8                      | For what type of analysis or purpose?  | For analysis of ICU physical restraint use and related influencing factors                                    |
| 9                      | How or where can the data/documents be obtained?   | Emails could be sent to the address below to obtain: cff20100901@163.com                                      |
| 10                     | Any other restrictions?  | No  |