

A trial to evaluate an extended rehabilitation service
for stroke patients (**EXTRAS**)

**PATIENT
BASELINE
ASSESSMENT**

Version 5: 11 February 2014

Patient Name: _____

Centre Number: _____

Assessment date: / /

Assessor (print name): _____

Assessor contact number: _____

Chief Investigator: Professor Helen Rodgers

Address: Stroke Research Group
Institute for Ageing & Health
Newcastle University
3-4 Claremont Terrace
NE2 4AE

Telephone: 0191 208 6779

Fax: 0191 208 5540

Email: helen.rodgers@ncl.ac.uk

GENERAL INSTRUCTIONS

The form should only be completed by members of staff who have received training about the EXTRAS trial.

Please write clearly using a black ballpoint pen.

Always make sure that the "YES/NO" square box answers are completed with a tick.

Errors

If an error needs to be rectified after the forms have been completed:

1. Draw a single line through the error, do not obscure the original entry
2. Enter the correct data beside
3. Initial and date the change and add a comment if necessary
4. Never use correction fluids.

Missing Data

Please do not leave blank boxes where a response is expected.

If data is missing the following should apply:

1. **ND** (for not done) should be entered into the field for all tests and examinations which should have been carried out but were omitted.
2. **NA** (for not applicable) should be entered into the field for missing data if a question does not apply to a patient status.
3. **NK** (for not known) should be entered when historical information, such as dates of onset of medical conditions is not known/not available.

Time

Please use the 24 hour clock eg: 15:30 (and not 3.30pm).

Dates

Please record dates as follows: DD/MM/YYYY.

If part of a date is unknown, please complete the corresponding boxes with NK.

Patient Identification

Please complete the header of all pages with the patient's initials and centre number.

Three boxes are made available to record the patient's initials.

Generally, each patient will be identified by the first letter of his/her first name, followed by the first letter of his/her middle name, and then followed the first letter of his/her family name.

If the patient has a double-barrelled name or split surname (eg. Williams-Smith or O'Regan) the first letter of the first part of the surname should be used (eg. W and O respectively in the two examples given).

CONTACT DETAILS

Please record contact details:

Address: _____

Tel No: _____

Email address: _____

General Practitioner Details

Name: _____

Tel No: _____

Address: _____

Email: _____

Stroke Consultant Details

Name: _____

Tel No: _____

Address: _____

Email: _____

Next of Kin Details

Name: _____

Tel No: _____

Address: _____

Email: _____

Relationship to patient: _____

Please record date of hospital discharge: //

Please record date of ESD discharge: //

Please record current residence:

Own house/flat

Living with family/friends

Sheltered housing

Residential care/nursing home

Other, please state

Does the patient live alone?

No

Yes

CURRENT HEALTH

Abbreviated Mental Test Score

Please ask the patient the following questions and tick the box if a correct answer is given.

Score 1 for correct answer

Score 0 for incorrect answer

What is your age?

What is the time (to nearest hour)?

Give the patient this address: 42 West Street
Ask them to remember it as you will ask them for it at end of test

What is the year?

What is the name of the local hospital?

Can the patient recognise two people which you point to?
(e.g. therapist, home help)

What is your date of birth?
(day and month sufficient)

What were the years of the First World War?

What is the name of the present monarch?

Count backwards from 20 - 1

What was that address I asked you to remember?

Score

Sheffield Screening Test for Acquired Language Disorders

For each section, please follow the instructions /give the instructions to the patient.

RECEPTIVE SKILLS

**Score 1 for correct answer
Score 0 for incorrect answer**

a. Verbal comprehension of single words

I'm going to ask you to point to some of the things in the room

Score

door light chair
ceiling corner

b. Comprehension of sequential command

i) point to the ceiling and then to the curtain

ii) before pointing to the ceiling, touch the chair

c. Comprehension of a complex command

Tap the chair twice with a clenched fist, while looking at the ceiling

d. Recognition of differences in meaning between words

I'm going to read you a list of words and I want you to tell me which is the odd one out:

i) chicken, duck, apple, turkey

ii) run, drink, walk, sprint

iii) small, large, massive, huge

e. Comprehension of a narrative

i) I'm going to read you a short paragraph and then ask you a question about it.

John went to the shop to buy a pen. When he got there he found that he had forgotten his wallet, so he came home and made himself a cup of tea.

What should he have taken with him?

ii) I'm going to read you another paragraph.

Mrs Smith visited several shops. She bought a newspaper, a cauliflower, a stamp and some sausages.

What was the second shop she visited ?

Receptive skills total score

EXPRESSIVE SKILLS

**Score 1 for correct answer
Score 0 for incorrect answer**

f. Word finding

Tell me the names of three well-known places in client's home town.

Score one mark if three names are given correctly

g. Abstract word finding

Tell me another word that means the same as:

i) beautiful;

ii) angry;

iii) ridiculous

h. Sequencing

Describe how you would make a cup of tea.

A correct answer contains two or more appropriate stages in the right order.

i. Definitions

Describe what the following words mean:

i) home;

ii) search;

iii) ambitious.

j. Verbal reasoning

I'd like you to tell me:

i) why you would use an umbrella;

ii) why people go on holiday;

iii) what would you do if you were locked out of the house.

Expressive skills score

Receptive and expressive skills total score

Nottingham Extended Activities of Daily Living Index

For each question below, please ask the patient which answer best describes them **CURRENTLY** and tick the box. They should be asked to report what they have actually done in the last week or so, not what they think they could do, ought to do or would like to do.

| | <i>No</i> | <i>With help</i> | <i>On my own with difficulty</i> | <i>On my own</i> |
|---|--------------------------|--------------------------|--|--------------------------|
| a) Mobility | | | | |
| Do you: | | | | |
| • walk around outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • climb stairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • get in and out of the car? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • walk over uneven ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • cross roads? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • travel on public transport? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) In the kitchen | | | | |
| Do you: | | | | |
| • manage to feed yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • manage to make yourself a hot drink? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • take hot drinks from one room to another? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • do the washing up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • make yourself a hot snack? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Domestic tasks | | | | |
| Do you: | | | | |
| • manage your own money when you are out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • wash small items of clothing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • do your own housework? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • do your own shopping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • do a full clothes wash? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Leisure Activities | | | | |
| Do you: | | | | |
| • read newspapers or books? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • use the telephone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • write letters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • go out socially? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • manage your own garden? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • drive a car? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Oxford Handicap Scale

Please ask the patient which **ONE** statement best describes them **CURRENTLY**:

Tick **one box**.

- 0) I have no symptoms at all and cope well with life.
- 1) I have a few symptoms but these do not interfere with my everyday life.
- 2) I have symptoms which have caused some changes in my life but I am still able to look after myself.
- 3) I have symptoms which have significantly changed my life, prevent me coping fully on my own, and I need some help in looking after myself.
- 4) I have quite severe symptoms which mean I need to have help from other people but I am not so bad as to need attention day and night.
- 5) I have major symptoms which severely handicap me and I need constant attention day and night.

Euroquol EQ– 5D*

For each of the five sets of statements, please ask the patient which best describes their health **today** and tick **ONE** box.

Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Self Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities

(e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

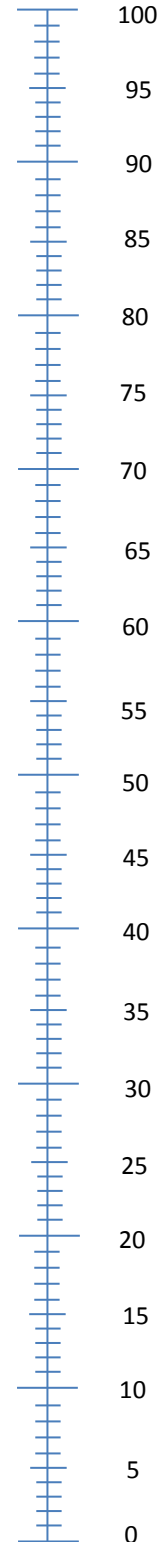
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Euroqol EQ- 5D*

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

*EQ-5D: UK (English) v.2 © 2009 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

**Hospital Anxiety and Depression Scale (HADS)***

Clinicians are aware that emotions play an important part in most illnesses. This section is designed to help the researchers to know how you feel. I will read you some questions and place a tick in the box opposite the reply that comes closest to how you have been feeling *in the past week*. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought out response.

1 I feel tense or 'wound up':

- Most of the time
- A lot of the time
- From time to time, occasionally
- Not at all

2 I still enjoy the things I used to enjoy:

- Definitely as much
- Not quite so much
- Only a little
- Hardly at all

3 I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

4 I can laugh and see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

5 Worrying thoughts go through my mind:

A great deal of the time

A lot of the time

Not too often

Very little

6 I feel cheerful:

Never

Not often

Sometimes

Most of the time

7 I can sit at ease and feel relaxed:

Definitely

Usually

Not often

Not at all

8 I feel as if I am slowed down:

Nearly all the time

Very often

Sometimes

Not at all

9 I get a sort of frightened feeling like 'butterflies' in the stomach:

Not at all

Occasionally

Quite often

Very often

10 I have lost interest in my appearance:

Definitely

I don't take as much care as I should

I may not take quite as much care

I take just as much care as ever

11 I feel restless as if I have to be on the move:

Very much indeed

Quite a lot

Not very much

Not at all

12 I look forward with enjoyment to things:

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

13 I get sudden feelings of panic:

Very often indeed

Quite often

Not very often

Not at all

14 I can enjoy a good book or radio or television program:

Often

Sometimes

Not often

Very seldom

** HADS copyright © R.P. Snaith and A.S. Zigmond, 1983, 1992, 1994.*

Record form items originally published in Acta Psychiatrica Scandinavica, 67, 361–70,

copyright © Munksgaard International Publishers Ltd, Copenhagen, 1983.

This edition first published in 1994 by nferNelson Publishing Company Ltd,

389 Chiswick High Road, London W4 4AL

GL Assessment is part of the GL Education Group

This form may not be reproduced by any means without first obtaining permission from the publisher.

Email: permissions@gl-assessment.co.uk

Please indicate who answered the questions in this questionnaire:

Patient alone

Patient with help from a relative or friend

Relative or friend on behalf of patient

Other – please state _____

The 12 month and 24 month research outcome assessments will be conducted by telephone interview with a researcher based in the study co-ordinating centre at Newcastle University. A telephone interview will not be possible for some patients due to the effects of their stroke or other problems.

Is this patient (with assistance from their carer if appropriate) likely to be able to take part in a telephone assessment?

No

Yes

If **NO**, please give a reason

If **YES**, what is their preferred time of contact by the researcher for research assessments?

Morning

Afternoon

Evening

No preference

If **NO**, is the patient (with assistance from their carer if appropriate) likely to be able to complete a postal questionnaire?

No

Yes

(if neither a telephone interview or postal questionnaire are possible, the co-ordinating centre will arrange a face to face assessment).

If this patient has a relative or friend who is providing support (carer), she/he should be invited to take part in EXTRAS. Please give him/her a carer invitation letter, carer information sheet, carer baseline questionnaire and pre-paid envelope. This carer paper work can also be left with the consented patient (should the relative or friend not be available), or posted to the relative or friend.

Has a carer been identified and paperwork given/left/posted:

Yes

No

If no, please give reason:

The patient baseline assessment is complete. Please now:

1. Randomise the patient into the EXTRAS trial. Advise the patient about which study group they have been allocated to.
2. Enter the patient data on to the study electronic database.
3. File this paper record in the study investigator site file.

Thank you for your contribution to the EXTRAS trial.

Contact for further information:

If you have any queries or require further information about the EXTRAS trial please contact:

Stroke Research Group
Institute for Ageing & Health
Newcastle University
3-4 Claremont Terrace
Newcastle NE2 4AE
Tel: 0191 208 6779