

Day 014 EQ-5D-5L

Record ID _____



UK ISRCTN 98886991
UK IRAS306761
UK CPMS 50913
WHO UTN U1111-1273-9942

Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)

Day 14, primary outcome form (EQ-5D, EQ-VAS) v1.1

Quality of life EQ-5D and EQ-VAS questions

- ▶ Please check consent form obtained.
- ▶ Please check Day 14, primary outcome form completed.

Section A: Participant details

A1. Center name :

A2. Participant ID :

A3. Participant initials :

A5a. Who is answering the questions?

If "Not available", the form does not have to be filled in.

Enter the assessor's details and any comments before completing the CRF.

- Participant
- Carer
- Proxy
- Not available
- Other

A5b. If "Other" or "Not available", please specify who answered the questions

⚠ Participant details questions A1-A5 should all be answered.

Section B: Quality of life EQ-5D and EQ-VAS questions at Day 14, Primary outcome.

B1. Start time for Clinical baseline

(Date DD-MM-YYYY HH:MM)

B2. Mobility (- [eq5d_mobilityc_pct_014] %)

- 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

B3. Self-care (- [eq5d_selfcarec_pct_014] %)

- 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

B4. Usual activities (- [eq5d_activitiesc_pct_014] %)

- 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

B5. Pain (- [eq5d_painc_pct_014] %)

- 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

B6. Anxiety (- [eq5d_anxietyc_pct_014] %)

- 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

△ Quality of life EQ-5D questions B2-B6 should all be answered.

► Overall health: [eq5d_health_state_pct_014] %

B7a. Is EQ-VAS rating between 0 and 100 available?

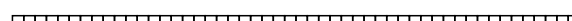
Available Not available

B7b. How good is the Participant's health state today Ranging from "worst possible health" (0 out of 100) to "best possible health" (100 out of 100)? I.e. how does the participant feel today?

0 = worst
possible

50

100 = best
possible



(Place a mark on the scale above)

△ Quality of life EQ-VAS questions B7 should be answered if available.

Section C: Assessor information

C1. Please enter the name of the person who collected the information

C2a. What is his/her professional role?

- Doctor
 Research coordinator
 Nurse, clinical
 Research nurse
 Physiotherapist
 Occupation therapist
 Speech & Language therapist
 Other

C2b. If "Other", please specify role

C3. Does his/her role involve working on stroke wards?

- Yes No

C4. Please enter your name if you did not collect the information

C5. Please sign the form

(Signature)

⚠ Please Sign the form.

Assessment completed

C6. Date & time assessment completed?

Enter date and time the assessment was completed.

This will be used to monitor the time required to complete the test.

Comments and full explanation for missing data

Are any values missing due to tests not done (or measures not taken), or because data are unknown and every effort has been made to find the data - i.e. 'Not done' / 'Not known'?

- Yes
 No

If any values are missing, please provide a full explanation ☐☐ Comments