

Day 000 EQ-5D-5L

Record ID _____



Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)

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

Baseline form (EQ-5D, EQ-VAS) v1.1

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

- ▶ Please check consent form obtained.
- ▶ Please check Eligibility form completed.
- ▶ Please check Baseline & Baseline Clinical forms 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 time of enrolment.

B1. Start time for Clinical baseline

(Date DD-MM-YYYY HH:MM)

B2. Mobility (- [eq5d_mobilityc_pct_000] %)

- 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_000] %)

- 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_000] %)

- 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_000] %)

- 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_000] %)

- 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.

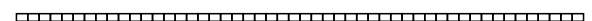
► Overall health: [eq5d_health_state_pct_000] %

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.

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: Ready for Randomisation

C6. Date & time assessment completed?

Enter date and time the assessment was completed.

This will be used for randomisation and 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