

Discharge or died 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)

Discharged or died form (EQ-5D, EQ-VAS) v1.1

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

► Please check Discharged or died form completed.

Section A: Participant details

A1. Center name : _____

A2. Participant ID : _____

A3. Participant initials : _____

A5a. Who is answering the questions?

- 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 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