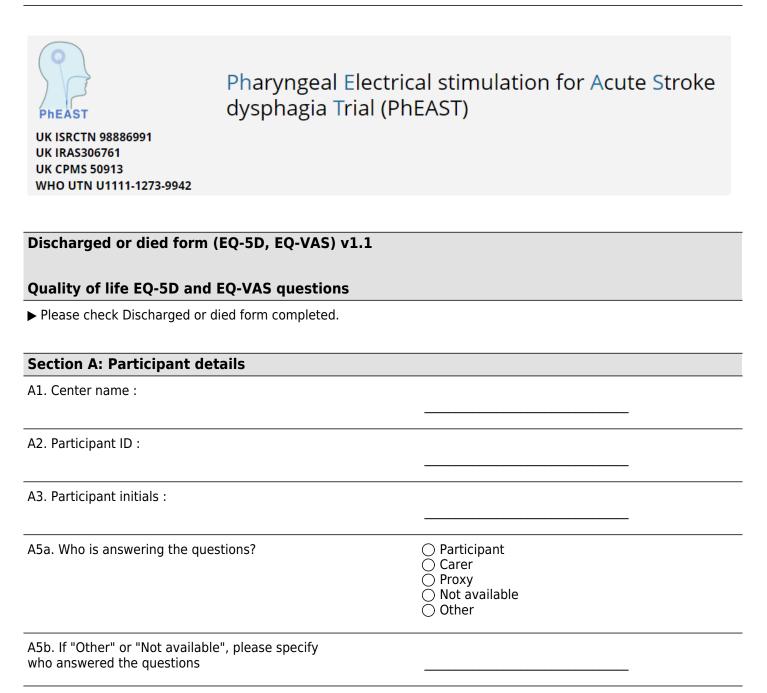
## **Discharge or died EQ-5D-5L**

Record ID



 $\triangle$  Participant details questions A1-A5 should all be answered.

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## Section B: Quality of life EQ-5D and EQ-VAS questions at Discharge or Death

B1. Start time for Clinical baseline	
	(Date DD-MM-YYYY HH:MM)
B2. Mobility (- [eq5d_mobilityc_pct_dd] %)	<ul> <li>I have no problems in walking about</li> <li>I have slight problems in walking about</li> <li>I have moderate problems in walking about</li> <li>I have severe problems in walking about</li> <li>I am unable to walk about</li> </ul>
B3. Self-care (- [eq5d_selfcarec_pct_dd] %)	<ul> <li>I have no problems washing or dressing myself</li> <li>I have slight problems washing or dressing myself</li> <li>I have moderate problems washing or dressing myself</li> <li>I have severe problems washing or dressing myself</li> <li>I am unable to wash or dress myself</li> </ul>
B4. Usual activities (- [eq5d_activitiesc_pct_dd] %)	<ul> <li>I have no problems doing my usual activities</li> <li>I have slight problems doing my usual activities</li> <li>I have moderate problems doing my usual activities</li> <li>I have severe problems doing my usual activities</li> <li>I am unable to do my usual activities</li> </ul>
B5. Pain (- [eq5d_painc_pct_dd] %)	<ul> <li>I have no pain or discomfort</li> <li>I have slight pain or discomfort</li> <li>I have moderate pain or discomfort</li> <li>I have severe pain or discomfort</li> <li>I have extreme pain or discomfort</li> </ul>
B6. Anxiety (- [eq5d_anxietyc_pct_dd] %)	<ul> <li>I am not anxious or depressed</li> <li>I am slightly anxious or depressed</li> <li>I am moderately anxious or depressed</li> <li>I am severely anxious or depressed</li> <li>I am extremely anxious or depressed</li> </ul>

 ${\vartriangle}$  Quality of life EQ-5D questions B2-B6 should all be answered.

Overall health: [eq5d_health_state_pct_dd] %			
B7a. Is EQ-VAS rating between 0 and 100 available?	🔿 Available	O 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 (Place a mark c	100 = best possible on the scale above)

 $\triangle$  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?	<ul> <li>Doctor</li> <li>Research coordinator</li> <li>Nurse, clinical</li> <li>Research nurse</li> <li>Physiotherapist</li> <li>Occupation therapist</li> <li>Speech &amp; Language therapist</li> <li>Other</li> </ul>
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)
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