

## R4VaD Rates, Risks and Routes to Reduce Vascular Dementia

Centre for Clinical Brain Sciences, Chancellor's Building  
University of Edinburgh  
49 Little France Crescent  
Edinburgh EH16 4SB, United Kingdom  
Tel: +44 (0)131 465 9606

### Week 6 (± 2 weeks) follow-up form v1.6

R4VaD	Week 6 follow-up v1.6 (26 Oct 2020)	Page	of
-------	-------------------------------------	------	----

Section A: Participant details			
A1	Date of data collection ( <i>dd-mmm-yyyy</i> )	D ____ / M ____ / Y ____	
A2	Status of the participant	<input type="checkbox"/> Available - by telephone <input type="checkbox"/> Available - seen in person <input type="checkbox"/> Available - postal questionnaires returned <input type="checkbox"/> Lost to follow-up / unable to be contacted <input type="checkbox"/> Declined this follow-up <input type="checkbox"/> Withdrawn from study <input type="checkbox"/> Died	
A3	If died, date of death ( <i>dd-mmm-yyyy</i> )	D ____ / M ____ / Y ____	<input type="checkbox"/> Not applicable
A4	Explanation if follow-up cannot be completed.  If deceased, please supply as much information as possible (cause, where, etc.)	<div style="border: 1px solid black; height: 30px;"></div>	<input type="checkbox"/> Not applicable

Section B: Accommodation			
B1	What type of accommodation does the participant live in now?	<input type="checkbox"/> At home, independently <input type="checkbox"/> At home, with help from carer <input type="checkbox"/> Residential home <input type="checkbox"/> Care home <input type="checkbox"/> Nursing home <input type="checkbox"/> Hospital	<input type="checkbox"/> Not applicable

Section C: Modified Rankin Scale			
C1	Modified Rankin Scale <a href="#">View list</a>	<input type="checkbox"/> 0 - No symptoms at all <input type="checkbox"/> 1 - No significant disability, despite symptoms <input type="checkbox"/> 2 - Slight disability <input type="checkbox"/> 3 - Moderate disability <input type="checkbox"/> 4 - Moderately severe disability <input type="checkbox"/> 5 - Severe disability <input type="checkbox"/> 6 - Died	<input type="checkbox"/> Not known

Section D: Medical conditions			
D1a	Has a doctor told the participant that they have cognitive impairment or dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known
D1b	Has the participant noticed any problems with memory or thinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known
D2	Has the participant had any <b>further</b> weakness or numbness in their legs or arms since the last study follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known
D3	Has the participant had any <b>new</b> problems with their vision or speech since the last study follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known
D4	Has a doctor told the participant that they have had a stroke, ministroke or TIA since their last study follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known
D5a	Has the participant had any chest pains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not known

Centre number	C	Study number		Sex		Investigator	
Date of collection	d /m /y	Initials		Date of birth	d /m /y	Signature	

R4VaD	Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
D5b	If yes, has the participant had a myocardial infarction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
D6	Does the participant have atrial fibrillation / irregular heartbeat?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not known
D7	Is the participant currently diagnosed with depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not known
D8a	Does the participant have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not known
D8b	If diabetic, what are they taking?	<input type="checkbox"/> Lifestyle measures <input type="checkbox"/> Oral agents <input type="checkbox"/> Insulin <input type="checkbox"/> None		<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known

## Section E: Current Medications (prescribed or over counter)

E1a	How many drugs is the participant taking?	<input type="text"/>	<input type="checkbox"/> Not known
-----	---	----------------------	------------------------------------

	Drug name	Dose	Frequency (doses/day)	
E1b	Drug 1	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1c	Drug 2	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1d	Drug 3	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1e	Drug 4	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1f	Drug 5	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1g	Drug 6	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1h	Drug 7	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1i	Drug 8	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1j	Drug 9	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1k	Drug 10	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1l	Drug 11	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1m	Drug 12	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1n	Drug 13	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known
E1o	Drug 14	<input type="text"/> mg	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known

Centre number	C	Study number		Sex		Investigator	
Date of collection	d /m /y	Initials		Date of birth	d /m /y	Signature	

<b>R4VaD</b>		<b>Week 6 follow-up v1.6 (26 Oct 2020)</b>			<b>Page</b>	of
E1p	Drug 15			mg		<input type="checkbox"/> Not applicable <input type="checkbox"/> Not known

**Section F: Blood pressure and heart rate**

Please measure blood pressure three times at 1 minute intervals following at least 5 minutes rest.  
Please use a validated monitor and appropriately sized cuff.

		systolic / diastolic (mmHg)	
F1a	Blood pressure reading 1	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F1b	Blood pressure reading 2	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F1c	Blood pressure reading 3	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F1d	Arm used	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F1e	Cuff size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F1f	Monitor manufacturer/model	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known
F2	Heart rate	<input type="text"/>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not done <input type="checkbox"/> Not known

**Section G: Assessment**

Please ask as many questions as possible, within the participant's tolerance.  
The assessment can stop at any point, but preferably where indicated, if the participant is unwilling or unable to continue.  
When the assessment has stopped, any remaining questions can be marked 'not applicable'.

G1	<p>Montreal Cognitive Assessment (MoCA) Memory</p> <p>Tell the participant: "This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them."</p> <p><b>FACE VELVET CHURCH DAISY RED</b></p> <p>Now tell the participant: "I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time."</p> <p>Then tell the participant: "I will ask you to recall those words again later in the test."</p>		
G1a	Repeat <b>FACE</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable
G1b	Repeat <b>VELVET</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable

<b>Centre number</b>	C	<b>Study number</b>		<b>Sex</b>		<b>Investigator</b>	
<b>Date of collection</b>	d /m /y	<b>Initials</b>		<b>Date of birth</b>	d /m /y	<b>Signature</b>	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G1c	Repeat <b>CHURCH</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G1d	Repeat <b>DAISY</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G1e	Repeat <b>RED</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2 Montreal Cognitive Assessment (MoCA) / Telephone Interview for Cognitive Status (TICS-m) Orientation. Ask the participant the date today (year, month, exact date, day of the week) and the name of the place (name of hospital/clinic/office) and city they are in. Score 1 point for each item correctly answered.					
G2a	Date	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2b	Month	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2c	Year	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2d	Day of week	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2e	Place	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G2f	City	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G3 Verbal fluency. Say to the participant, "Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? Now tell me as many words as you can think of that begin with the letter F." Record the number of distinct words the participant says.					
G3a	Verbal fluency	<input type="text"/>		<input type="checkbox"/> Not applicable	
G4 Montreal Cognitive Assessment (MoCA) Delayed recall. Ask the participant to recall the 5 words that they were asked to remember earlier. Score 1 point for each of the words correctly recalled spontaneously without any cues.					
G4a	Recall <b>FACE</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G4b	Recall <b>VELVET</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G4c	Recall <b>CHURCH</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G4d	Recall <b>DAISY</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G4e	Recall <b>RED</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G5 Patient Health Questionnaire (PHQ)					
Ask the participant: "Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?"					
G5a	Little interest or pleasure in doing things	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
Centre number		C	Study number	Sex	Investigator
Date of collection		d /m /y	Initials	Date of birth	d /m /y
					Signature

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G5b	Feeling down, depressed, or hopeless	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G6 Generalized Anxiety Disorder (GAD)					
Ask the participant: "Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?"					
G6a	Feeling nervous, anxious or on edge?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G6b	Not being able to stop or control worrying?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G7 Montreal Cognitive Assessment (MoCA) Read these lists of numbers/letters at a rate of 1 per second.					
G7a	Ask the participant to repeat the following numbers in forward order: <b>2, 1, 8, 5, 4</b>	<input type="checkbox"/> 0 correct <input type="checkbox"/> 1 correct <input type="checkbox"/> 2 correct <input type="checkbox"/> 3 correct <input type="checkbox"/> 4 correct <input type="checkbox"/> 5 correct		<input type="checkbox"/> Not applicable	
G7b	Ask the participant to repeat the following numbers in reverse order: <b>7, 4, 2</b>	<input type="checkbox"/> 0 correct <input type="checkbox"/> 1 correct <input type="checkbox"/> 2 correct <input type="checkbox"/> 3 correct		<input type="checkbox"/> Not applicable	
Ask the participant to tap with their hand at each letter <b>A</b> as you read out the following list. <b>F B A C M N A A J K L B A F A K D E A A A J A M O F A A B</b> No points if 2 or more errors. Score 1 if only one error or totally correct.					
G7c	List of Letters	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
Ask the participant, "Please take 7 away from 100. Now continue to take 7 away from what you have left over until I ask you to stop." If the participant makes a mistake, carry on and check the subsequent answer (e.g. for 93, <b>84</b> , 77, 70, 63 there are 4 correct subtractions).					
G7d	Serial 7 subtraction starting at 100	<input type="checkbox"/> 0 correct <input type="checkbox"/> 1 correct <input type="checkbox"/> 2 correct <input type="checkbox"/> 3 correct <input type="checkbox"/> 4 correct <input type="checkbox"/> 5 correct		<input type="checkbox"/> Not applicable	
G8 Montreal Cognitive Assessment (MoCA)					
Language Read the following sentences to the participant and ask them to repeat exactly what you say. Score 1 point for each sentence correctly repeated. Repetition <i>must</i> be exact.					
G8a	"I only know that John is the one to help today."	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G8b	"The cat always hid under the couch when dogs were in the room."	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
Abstraction. Ask the participant the similarity between 2 words e.g. for banana and orange the answer is fruit. Score 1 point for each correct answer.					
Centre number		C	Study number	Sex	Investigator
Date of collection		d /m /y	Initials	Date of birth	d /m /y
					Signature

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G8c	What is the similarity between <i>train and bicycle</i> ?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G8d	What is the similarity between <i>watch and ruler</i> ?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G9 Montreal Cognitive Assessment (MoCA)					
G9a	Wire cube: <code>&lt;div&gt;&lt;a href="images/MoCA_cube.png" title="View on a separate page" target="_blank" class="cDoNotPrint"&gt;Show cube&lt;/a&gt;&lt;/div&gt;</code> <i>Ask the participant to copy the diagram, as accurately as they can. One point is allocated for a correctly executed drawing. - Drawing must be three-dimensional - All lines are drawn - No line is added - Lines are relatively parallel and their length is similar (rectangular prisms are accepted)</i>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G9	Clock Ask the participant to draw a clock, put in all the numbers, and set the time to 10 past 11.				
G9b	Contour <i>The clock face must be a circle with only minor distortion acceptable (e.g. slight imperfection on closing the circle)</i>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G9c	Numbers <i>All clock numbers must be present with no additional numbers; numbers must be in the correct order and placed in the approximate quadrants on the clock face; Roman numerals are acceptable; numbers can be placed outside the circle contour</i>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G9d	Hands <i>There must be two hands jointly indicating the correct time; the hour hand must be clearly shorter than the minute hand; hands must be centred within the clock face with their junction close to the clock centre</i>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G10 Montreal Cognitive Assessment (MoCA)					
	Naming Beginning on the left, point to each figure and say to the participant: <code>"Tell me the name of this animal" &lt;div&gt;&lt;a href="images/MoCA_animals.png" title="View on a separate page" target="_blank" class="cDoNotPrint"&gt;Show animals&lt;/a&gt;&lt;/div&gt;</code>				
G10a	Picture 1 ( <i>left</i> )	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G10b	Picture 2 ( <i>middle</i> )	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G10c	Picture 3 ( <i>right</i> )	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G11 Trail Making Test					
	<p>Both parts of this test consist of 25 circles distributed over a sheet of paper. In part A, the circles are numbered 1 – 25 and the participant should draw lines to connect the numbers in ascending order.</p> <p>In part B, the circles include both numbers (1 – 13) and letters (A – L). As in part A the participant draws lines to connect the circles in an ascending pattern, but with the added task of alternating between the numbers and letters – i.e. 1-A-2-B-3-C..., etc.</p> <ul style="list-style-type: none"> <li>• Give the participant a copy of the Trail Making Test Part A worksheet and a pen or pencil.</li> <li>• Instruct them to connect the circles as quickly as possible, without lifting the pen/pencil from the paper.</li> <li>• Time the participant as they follow the 'trail' made by the numbers on the test.</li> <li>• If the participant makes an error, point it out immediately and allow them to correct it. (Errors only affect the score in that corrections are included in the time taken).</li> </ul>				
Centre number		C	Study number	Sex	Investigator
Date of collection		d /m /y	Initials	Date of birth	d /m /y
					Signature

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
		<ul style="list-style-type: none"> <li>Record the time and number of points completed.</li> <li>Repeat the procedure for Trail Making Test Part B.</li> </ul> <p><b>Most participants should be able to finish both tests within 6 minutes.</b>  <b>Please stop either test if they are unable to complete it within 10 minutes.</b></p>			
G11a	Part A - time	<input type="text"/>	min(s) <input type="text"/>	sec(s)	<input type="checkbox"/> Not applicable
	Part A - Points completed	<input type="text"/>			
G11b	Part B - time	<input type="text"/>	min(s) <input type="text"/>	sec(s)	<input type="checkbox"/> Not applicable
	Part B - Points completed	<input type="text"/>			
G11c	Were any errors made in the first 10 points of Part B (i.e. points 1-E)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Not applicable
G12	Stroke Impact Scale (SIS)				
G12a	In the past week, how would you rate the strength of your leg that was <b>most affected</b> by your stroke?	<input type="checkbox"/> A lot of strength <input type="checkbox"/> Quite a bit of strength <input type="checkbox"/> Some strength <input type="checkbox"/> A little strength <input type="checkbox"/> No strength at all			<input type="checkbox"/> Not applicable
G12b	In the past week, how difficult was it for you to think quickly?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> A little difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult			<input type="checkbox"/> Not applicable
G12c	In the past week, how often did you feel that you have nothing to look forward to?	<input type="checkbox"/> None of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time			<input type="checkbox"/> Not applicable
G12d	In the past week, how difficult was it to understand what was being said to you in a conversation?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> A little difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult			<input type="checkbox"/> Not applicable
G12e	In the past 2 weeks, how difficult was it to do light household tasks/chores (e.g. dust, make a bed, take out rubbish, do the dishes)?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> A little difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Could not do at all			<input type="checkbox"/> Not applicable
G12f	In the past 2 weeks, how difficult was it to walk without losing your balance?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> A little difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Could not do at all			<input type="checkbox"/> Not applicable
G12g	In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to pick up a coin?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> A little difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Could not do at all			<input type="checkbox"/> Not applicable
G12h	During the past 4 weeks, how much of the time have you been limited in your social activities?	<input type="checkbox"/> None of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time			<input type="checkbox"/> Not applicable
<b>Centre number</b> C		<b>Study number</b>	<b>Sex</b>	<b>Investigator</b>	
<b>Date of collection</b> d /m /y		<b>Initials</b>	<b>Date of birth</b> d /m /y	<b>Signature</b>	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
		<input type="checkbox"/> All of the time			
G13	Telephone Interview for Cognitive Status (TICS-m) <i>(this assessment can be completed in person)</i>				
	Say to the participant, " <b>I am going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many as you can in any order. Ready?</b> "				
	<b>"Now, tell me all of the words that you can remember."</b>				
G13a	<b>Cabin</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13b	<b>Pipe</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13c	<b>Elephant</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13d	<b>Chest</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13e	<b>Silk</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13f	<b>Theatre</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13g	<b>Watch</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13h	<b>Whip</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13i	<b>Pillow</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G13j	<b>Giant</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G14	Telephone Interview for Cognitive Status (TICS-m) <i>(this assessment can be completed in person)</i> Orientation. Ask the participant their age and telephone number. Score 1 point for each item correctly answered.				
G14a	Age	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G14b	Telephone number	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G15	Telephone Interview for Cognitive Status (TICS-m) <i>(this assessment can be completed in person)</i> Comprehension				
G15a	What do people usually use to cut paper?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G15b	What is the prickly green plant found in the desert?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G15c	What is the name of the reigning monarch?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G15d	What is the surname of the current Prime Minister?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G15e	What is the opposite direction to East?	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct		<input type="checkbox"/> Not applicable	
G16	Telephone Interview for Cognitive Status (TICS-m) <i>(this assessment can be completed in person)</i>				
<b>Centre number</b>	<b>C</b>	<b>Study number</b>	<b>Sex</b>	<b>Investigator</b>	
<b>Date of collection</b>	d /m /y	<b>Initials</b>	<b>Date of birth</b>	<b>Signature</b>	



R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
<b>Ask the participant if they can remember the 10 words given earlier?</b>					
G16a	<b>Cabin</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16b	<b>Pipe</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16c	<b>Elephant</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16d	<b>Chest</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16e	<b>Silk</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16f	<b>Theatre</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16g	<b>Watch</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16h	<b>Whip</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16i	<b>Pillow</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
G16j	<b>Giant</b>	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct	<input type="checkbox"/> Not applicable		
<b>G17 Patient Health Questionnaire (PHQ)</b>					
Ask the participant: "Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?"					
G17a	Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
G17b	Feeling tired or having little energy	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
G17c	Poor appetite or overeating	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
G17d	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
G17e	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
G17f	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	<input type="checkbox"/> Not applicable		
<b>Centre number</b> C					
<b>Study number</b>					
<b>Sex</b>					
<b>Investigator</b>					
<b>Date of collection</b> d /m /y					
<b>Initials</b>					
<b>Date of birth</b> d /m /y					
<b>Signature</b>					

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G17g	Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
<b>G18 Generalized Anxiety Disorder (GAD)</b>					
Ask the participant: "Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?"					
G18a	Worrying too much about different things?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G18b	Trouble relaxing?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G18c	Being so restless that it is hard to sit still?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G18d	Becoming easily annoyed or irritable?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
G18e	Feeling afraid as if something awful might happen?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		<input type="checkbox"/> Not applicable	
<b>G19 Letter Digit Coding (LDCT)</b>					
Say to the participant: "Now I would like to do a test of how well you can use visual information. Take a look at these boxes. You will see that in each of them there is a letter in the top half and a number in the bottom half. Every letter has its own number that goes with it. And here you will notice that there are letters in the top boxes, but nothing in the bottom ones. What I want you to do is fill in the numbers that belong to the letters in each of the boxes. We'll have a practice to make sure that you've got the hang of this. Fill in the numbers up to this line." Then say: "Now I will give you one minute to fill in as many of the boxes with the right numbers as you can. Try not to make mistakes. I'd like you to fill in the boxes as you come to them without missing any out, starting here, and then the next line and so on. You can start now."					
Once 60 seconds has passed please stop the participant (if they do not stop immediately, note the point they had reached at 60 seconds).					
G19a	Total digits filled	<input type="text"/>		<input type="checkbox"/> Not applicable	
G19b	Correct digits filled	<input type="text"/>		<input type="checkbox"/> Not applicable	
G19c	Incorrect digits filled	<input type="text"/>		<input type="checkbox"/> Not applicable	
G19d	Time taken	<input type="text"/> min(s)	<input type="text"/> sec(s)	<input type="checkbox"/> Not applicable	
<b>Assessment can stop here if participant unwilling to continue</b>					
G20	<p>Zung</p> <p>Please explain to the participant that this is a scale and that there are 4 possible answers.</p> <ul style="list-style-type: none"> <li>• Seldom or never</li> <li>• Some of the time</li> <li>• Good part of the time</li> <li>• Most of the time</li> </ul> <p>Then read the questions below and ask them to answer nearest to their present mood.</p>				
<b>Centre number</b> C		<b>Study number</b>		<b>Sex</b>	
<b>Date of collection</b> d /m /y		<b>Initials</b>		<b>Date of birth</b> d /m /y	
				<b>Investigator</b>	
				<b>Signature</b>	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of															
<p>You may have to read the options to them several times. Please record the answer for their <b>mood today</b>, not how they have felt since the index stroke.</p>																				
G20a	I feel down-hearted and blue	<input type="checkbox"/> 1 - Seldom or never <input type="checkbox"/> 2 - Some of the time <input type="checkbox"/> 3 - Good part of the time <input type="checkbox"/> 4 - Most of the time	<input type="checkbox"/> Not applicable																	
G20b	I have trouble sleeping at night	<input type="checkbox"/> 1 - Seldom or never <input type="checkbox"/> 2 - Some of the time <input type="checkbox"/> 3 - Good part of the time <input type="checkbox"/> 4 - Most of the time	<input type="checkbox"/> Not applicable																	
G20c	Morning is when I feel best	<input type="checkbox"/> 4 - Seldom or never <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 2 - Good part of the time <input type="checkbox"/> 1 - Most of the time	<input type="checkbox"/> Not applicable																	
G20d	I can eat as much as I used to	<input type="checkbox"/> 4 - Seldom or never <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 2 - Good part of the time <input type="checkbox"/> 1 - Most of the time	<input type="checkbox"/> Not applicable																	
G20e	I get tired for no reason	<input type="checkbox"/> 1 - Seldom or never <input type="checkbox"/> 2 - Some of the time <input type="checkbox"/> 3 - Good part of the time <input type="checkbox"/> 4 - Most of the time	<input type="checkbox"/> Not applicable																	
G20f	I find it difficult to make decisions	<input type="checkbox"/> 1 - Seldom or never <input type="checkbox"/> 2 - Some of the time <input type="checkbox"/> 3 - Good part of the time <input type="checkbox"/> 4 - Most of the time	<input type="checkbox"/> Not applicable																	
G20g	I feel hopeful about the future	<input type="checkbox"/> 4 - Seldom or never <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 2 - Good part of the time <input type="checkbox"/> 1 - Most of the time	<input type="checkbox"/> Not applicable																	
G20h	I feel that I am useful and needed	<input type="checkbox"/> 4 - Seldom or never <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 2 - Good part of the time <input type="checkbox"/> 1 - Most of the time	<input type="checkbox"/> Not applicable																	
G20i	My life is somewhat empty	<input type="checkbox"/> 1 - Seldom or never <input type="checkbox"/> 2 - Some of the time <input type="checkbox"/> 3 - Good part of the time <input type="checkbox"/> 4 - Most of the time	<input type="checkbox"/> Not applicable																	
G20j	I still enjoy the things I used to do	<input type="checkbox"/> 4 - Seldom or never <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 2 - Good part of the time <input type="checkbox"/> 1 - Most of the time	<input type="checkbox"/> Not applicable																	
G21	Clinical frailty score	<input type="checkbox"/> Very fit <input type="checkbox"/> Well <input type="checkbox"/> Managing well <input type="checkbox"/> Vulnerable <input type="checkbox"/> Mildly frail <input type="checkbox"/> Moderately frail <input type="checkbox"/> Severely frail <input type="checkbox"/> Very severely frail <input type="checkbox"/> Terminally ill	<input type="checkbox"/> Not applicable																	
<table border="1"> <thead> <tr> <th>Centre number</th> <th>C</th> <th>Study number</th> <th>Sex</th> <th>Investigator</th> </tr> </thead> <tbody> <tr> <td>Date of collection</td> <td>d /m /y</td> <td>Initials</td> <td>Date of birth</td> <td>d /m /y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Signature</td> </tr> </tbody> </table>						Centre number	C	Study number	Sex	Investigator	Date of collection	d /m /y	Initials	Date of birth	d /m /y					Signature
Centre number	C	Study number	Sex	Investigator																
Date of collection	d /m /y	Initials	Date of birth	d /m /y																
				Signature																

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G22	Barthel Tell the participant: "The following questions are about how you look after yourself. Please state how you have been in the last week or so."				
G22a	Are you incontinent of urine?	<input type="checkbox"/> Yes, incontinent/has a catheter fitted <input type="checkbox"/> Occasional accident (maximum once per 24 hours) <input type="checkbox"/> No, continent		<input type="checkbox"/> Not applicable	
G22b	How do you move from bed to the chair?	<input type="checkbox"/> Not at all <input type="checkbox"/> With a lot of help from one or two people <input type="checkbox"/> With a little help from one person <input type="checkbox"/> On your own		<input type="checkbox"/> Not applicable	
G22c	How do you get about?	<input type="checkbox"/> Not at all <input type="checkbox"/> Propelling yourself independently in a wheelchair <input type="checkbox"/> Walking with the help and supervision of one person <input type="checkbox"/> Walking with no help (even if you use a stick/frame)		<input type="checkbox"/> Not applicable	
G23	Barthel Tell the participant: "The following questions are about how you look after yourself. Please state how you have been in the last week or so."				
G23a	Are you incontinent of your bowels?	<input type="checkbox"/> Yes, incontinent <input type="checkbox"/> Occasional accident (once per week) <input type="checkbox"/> No, continent		<input type="checkbox"/> Not applicable	
G23b	Do you wash your own face, brush your teeth and hair (for men, shave)?	<input type="checkbox"/> With help <input type="checkbox"/> Without help		<input type="checkbox"/> Not applicable	
G23c	How do you use the toilet (or commode)?	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> On your own		<input type="checkbox"/> Not applicable	
G23d	Do you feed yourself?	<input type="checkbox"/> With major help <input type="checkbox"/> With some help e.g. cutting <input type="checkbox"/> Without any help		<input type="checkbox"/> Not applicable	
G23e	Do you need any help with dressing?	<input type="checkbox"/> Yes, I need help with almost everything <input type="checkbox"/> Yes, I am able to do about half unaided <input type="checkbox"/> No, I can do everything		<input type="checkbox"/> Not applicable	
G23f	How do you get up and down the stairs?	<input type="checkbox"/> Not at all <input type="checkbox"/> With help (either supervision or assistance) <input type="checkbox"/> Without any help		<input type="checkbox"/> Not applicable	
G23g	Do you need help with bathing or showering?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable	
G24	Lawton Activities of Daily Living (ADL)				
G24a	Ability to use telephone	<input type="checkbox"/> Operates telephone on own initiative; looks up and dials numbers, etc. <input type="checkbox"/> Dials a few well-known numbers <input type="checkbox"/> Answers telephone but does not dial <input type="checkbox"/> Does not use telephone at all		<input type="checkbox"/> Not applicable	
G24b	Shopping	<input type="checkbox"/> Takes care of all shopping needs independently <input type="checkbox"/> Shops independently for small purchases <input type="checkbox"/> Needs to be accompanied on any shopping trip <input type="checkbox"/> Completely unable to shop		<input type="checkbox"/> Not applicable	
G24c	Food preparation	<input type="checkbox"/> Plans, prepares and serves adequate meals independently <input type="checkbox"/> Prepares adequate meals if supplied with ingredients <input type="checkbox"/> Heats, serves and prepares meals or prepares meals but does not maintain adequate diet <input type="checkbox"/> Needs to have meals prepared and served		<input type="checkbox"/> Not applicable	
<b>Centre number</b>	<b>C</b>	<b>Study number</b>		<b>Sex</b>	
<b>Date of collection</b>	d /m /y	<b>Initials</b>		<b>Date of birth</b>	d /m /y
				<b>Investigator</b>	
				<b>Signature</b>	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G24d	Housekeeping	<input type="checkbox"/> Maintains house alone or with occasional assistance <input type="checkbox"/> Performs light daily tasks such as dishwashing, bed making <input type="checkbox"/> Performs light daily tasks but cannot maintain acceptable level of cleanliness <input type="checkbox"/> Needs help with all home maintenance tasks <input type="checkbox"/> Does not participate in any housekeeping tasks	<input type="checkbox"/> Not applicable		
G24e	Laundry	<input type="checkbox"/> Does personal laundry completely <input type="checkbox"/> Launders small items, rinses stockings, etc <input type="checkbox"/> All laundry must be done by others	<input type="checkbox"/> Not applicable		
G24f	Mode of transportation	<input type="checkbox"/> Travels independently on public transport or drives own car <input type="checkbox"/> Arranges own travel via taxi, but does not otherwise use public transport <input type="checkbox"/> Travels on public transport when accompanied <input type="checkbox"/> Travel limited to taxi or automobile with assistance of another <input type="checkbox"/> Does not travel at all	<input type="checkbox"/> Not applicable		
G24g	Responsibility for own medications	<input type="checkbox"/> Is responsible for taking medication in correct dosages at correct time <input type="checkbox"/> Takes responsibility if medication is prepared in advance in separate dosage <input type="checkbox"/> Is not capable of dispensing own medication	<input type="checkbox"/> Not applicable		
G24h	Ability to handle finances	<input type="checkbox"/> Manages financial matters independently, collects and keeps track of income <input type="checkbox"/> Manages day-to-day purchases, but needs help with banking, major purchases, etc <input type="checkbox"/> Incapable of handling money	<input type="checkbox"/> Not applicable		
G25	Brief Fatigue Inventory (BFI)				
G25	Throughout our lives, most of us have times when we feel very tired or fatigued. Have you felt unusually tired or fatigued in the last week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable		
G26	EuroQol 5D (EQ-5D) Ask the participant: "Please indicate which of the following statements best describes your own health state today"				
G26a	Mobility	<input type="checkbox"/> 1 - I have no problems in walking about <input type="checkbox"/> 2 - I have slight problems in walking about <input type="checkbox"/> 3 - I have moderate problems in walking about <input type="checkbox"/> 4 - I have severe problems in walking about <input type="checkbox"/> 5 - I am unable to walk about	<input type="checkbox"/> Not applicable		
G26b	Self care	<input type="checkbox"/> 1 - I have no problems washing or dressing myself <input type="checkbox"/> 2 - I have slight problems washing or dressing myself <input type="checkbox"/> 3 - I have moderate problems washing or dressing myself <input type="checkbox"/> 4 - I have severe problems washing or dressing myself <input type="checkbox"/> 5 - I am unable to wash or dress myself	<input type="checkbox"/> Not applicable		
G26c	Usual activities (e.g. work, study, housework, family, leisure)	<input type="checkbox"/> 1 - I have no problems doing my usual activities <input type="checkbox"/> 2 - I have slight problems doing my usual activities <input type="checkbox"/> 3 - I have moderate problems doing my usual activities <input type="checkbox"/> 4 - I have severe problems doing my usual activities <input type="checkbox"/> 5 - I am unable to do my usual activities	<input type="checkbox"/> Not applicable		
G26d	Pain/Discomfort	<input type="checkbox"/> 1 - I have no pain or discomfort <input type="checkbox"/> 2 - I have slight pain or discomfort <input type="checkbox"/> 3 - I have moderate pain or discomfort <input type="checkbox"/> 4 - I have severe pain or discomfort <input type="checkbox"/> 5 - I have extreme pain or discomfort	<input type="checkbox"/> Not applicable		
G26e	Anxiety/Depression	<input type="checkbox"/> 1 - I am not anxious or depressed <input type="checkbox"/> 2 - I am slightly anxious or depressed <input type="checkbox"/> 3 - I am moderately anxious or depressed	<input type="checkbox"/> Not applicable		
Centre number		C	Study number	Sex	Investigator
Date of collection		d /m /y	Initials	Date of birth	Signature
				d /m /y	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
		<input type="checkbox"/> 4 - I am severely anxious or depressed			
		<input type="checkbox"/> 5 - I am extremely anxious or depressed			
	To help people say how good or bad a health state is, we have a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst you can imagine is marked by 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion?				
G26f	Imaginable health state points score <i>Best imaginable=100 / Worst imaginable=0</i>	<input type="text"/>		<input type="checkbox"/> Not applicable	
<b>Assessment can stop here if participant unwilling to continue</b>					
G27	Office for National Statistics Personal Well-being (ONS-4) Say to the participant: "Now I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I would like you to give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'."				
G27a	Overall, how satisfied are you with your life nowadays?	<input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Completely		<input type="checkbox"/> Not applicable	
G27b	Overall, to what extent do you feel the things you do in your life are worthwhile?	<input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Completely		<input type="checkbox"/> Not applicable	
G27c	Overall, how happy did you feel yesterday?	<input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Completely		<input type="checkbox"/> Not applicable	
G27d	Overall, how anxious did you feel yesterday?	<input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> Not applicable	
<b>Centre number</b>	<b>C</b>	<b>Study number</b>		<b>Sex</b>	
<b>Date of collection</b>	d /m /y	<b>Initials</b>		<b>Date of birth</b>	d /m /y
				<b>Investigator</b>	
				<b>Signature</b>	

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)			Page	of
		<input type="checkbox"/> 10 - Completely				
G28	Boston Naming Test Say to the participant: "Now I am going to show some pictures and I want you to say the name of each picture." For each picture, ask: "What is the name of this object?" or "Can you name this?" Score 1 for each correct answer. Maximum exposure per picture is 10 seconds.					
G28a	Tree	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28b	Bed	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28c	Whistle	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28d	Flower	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28e	House	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28f	Canoe	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28g	Tooth Brush	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28h	Volcano	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28i	Mask	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28j	Camel	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28k	Harmonica	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28l	Tongs	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28m	Hammock	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28n	Funnel	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G28o	Dominoes	<input type="checkbox"/> 0 - Incorrect <input type="checkbox"/> 1 - Correct			<input type="checkbox"/> Not applicable	
G29	Verbal fluency. Say to the participant, "Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? Now tell me as many words as you can think of that begin with the letter A." Record the number of distinct words the participant says.					
G29a	Verbal fluency	<input type="text"/>			<input type="checkbox"/> Not applicable	
G30	Verbal fluency. Say to the participant, "Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? Now tell me as many words as you can think of that begin with the letter S." Record the number of distinct words the participant says.					
G30a	Verbal fluency	<input type="text"/>			<input type="checkbox"/> Not applicable	
<b>Centre number</b> C		<b>Study number</b>		<b>Sex</b>		<b>Investigator</b>
<b>Date of collection</b> d /m /y		<b>Initials</b>		<b>Date of birth</b> d /m /y		<b>Signature</b>

R4VaD		Week 6 follow-up v1.6 (26 Oct 2020)		Page	of
G31	Verbal fluency. Say to the participant, "I'd like you to name as many animals as possible — any kind of animal. You have one minute. Ready?." Record the number of distinct animals the participant says.				
G31a	The number of valid/distinct animals	<input type="text"/>		<input type="checkbox"/> Not applicable	
G32a	If you have stopped the assessment before the end, or skipped questions, please indicate why	<input type="checkbox"/> Participant fatigued <input type="checkbox"/> Participant has dementia or cognitive problems <input type="checkbox"/> Participant has visual impairment <input type="checkbox"/> Participant unable to write <input type="checkbox"/> Participant has dysphasia <input type="checkbox"/> Participant struggled to concentrate <input type="checkbox"/> Visit/session was interrupted <input type="checkbox"/> Researcher time constraints <input type="checkbox"/> Participant was discharged prior to completion <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Not applicable	
G32b	If 'other', please specify	<input type="text"/>		<input type="checkbox"/> Not applicable	

## Section H: Substudies

If your centre is not participating in the substudy, please select 'not applicable'.

H1	Blood tube for genetics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
H2	Blood tubes (2x) for inflammation and omics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
H3	Neuroimaging MR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
H4	Sphygmocor (vascular compliance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
H5	Ambulatory blood pressure monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable

## Please check your entries thoroughly

Are any values missing due to tests not done (or measures not taken), or because data is unknown and every effort has been made to find the data – i.e. "Not done" / "Not known"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments If any values are missing, please provide a <a href="#">full explanation</a>	<input type="text"/>

Centre number	C	Study number		Sex		Investigator	
Date of collection	d /m /y	Initials		Date of birth	d /m /y	Signature	