



CRU-025-DOSE

Plate #006

Baseline #002

Subject ID:

Centre

Patient ID

Visit Date:

y y y y

m m

d d

**Participant Baseline Information Form-pg. 1**

1. Interviewer's Initials

Date:

y y y y

m m

d d

2. Study ID: \_\_\_\_\_

3. Gender:

☐

Male

☐

Female

Height:

Weight:

Waist Circumference:

4. Date of Birth:

y y y y

m m

d d

5. Date of Stroke:

y y y y

m m

d d

6. Rehab Admission Date:

y y y y

m m

d d

7. Brain Hemisphere Affected:

☐

R

☐

L

8. Limb (s) Affected:

☐

UE

☐

LE

9. Dominant Hand (prior to stroke):

☐

R

☐

L

10. Recurrent Stroke:

☐

Yes

☐

No

If yes, same side?

☐

Yes

☐

No

How many times? \_\_\_\_\_