		Ш	П					ı					l			ı		ı	1	
CRU-0	25-DO	SE				Pla	te#	001					Scr	eer	ning					
Subject ID:										Vis	sit D	ate:								
	Cei	ntre		Pati	ent	ID								УУ	у у		m m		C	d

Patient Screening Form

Interviewer's Initials:	(First/Last)
Participant Signed Consent Form:	Yes No
Date of Consent:	yyyy mm dd
Gender:	Male Female
Date of Birth:	yyyy mm dd
Confirmation that patient will be discharged to inpatient stroke rehab at DOSE study site?	Yes No
Date Physiatry consult completed:	yyyy mm ddd

	\Box	Т				
CRU-025-DOSE Plate #002 Screening		•				
Subject ID: Visit Date: 7 y y y y	m m	d d				
Inclusion & Exclusion Criteria						
Inclusion Criteria (All of the following MUST be Yes)						
1. Within 4 weeks post hemorrhagic or ischemic CVA with hemiparesis (confirmed by medical chart or motor assessment):	Yes	No				
2. Pre-stroke disability <2 (less than 2) on the Modified Rankin Scale.	Yes	No				
3. Able to ambulate at least 15 feet (5 m distance). May use assistive and/or orthotic device and maximum one person assist.						
4. Overground walking speed less than 1.0m/s (over a 5 m distance)	Yes	No				
5. Able to understand and follow directions	Yes	No				
6. Greater than or equal to 19 years of age.	Yes	No				
Exclusion Criteria (All of the following MUST be No)						
Pre-stroke health included a gait disorder or disease that affected ambulation (musculoskeletal conditions, amputation, etc.)	Yes	No				
2. Pre-stroke health included a neurological condition (such as Parkinson's disease or Multiple Sclerosis) or other serious medical condition (active cancer, uncontrolled diabetes)	Yes	No				
3. Excessive pain in the body/joint preventing participation in an exercise intervention.	Yes	No				
4. Participating in an experimental drug field study.	Yes	No				

5. Participating in another formal exercise rehabilitation clinical trial.

Yes No

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CRU-025-DOSE	Plate #003	9	Screening				
Subject ID: Centre Pa	tient ID	Visit Date:	уууу		m m	d d	
Inclusion/Exclusion Cont	tinued						
Participant meets study crite	ria and would like to រុ	proceed with study.	[Yes	No.)	
Participant meets study crite	ria, but does not wan	t to proceed with stu	udy.	Yes	No)	
Comment:							
Participant does not meet study criteria AT THIS TIME, but would like to be Yes No re-evaluated for the study in one week.							
Comment:							
Participant does not meet study criteria.							
Comment:							

CRU-025-DOSE Subject ID: Centre Patient	Plate #004 Screening Visit Date: yyyy mm m dd
Participant Randomization F	Form
1. Interviewer's Initials:	(First/Last)
2. Gender:	Male Female
3. Date of Birth:	yyyy mm dd
4. FIM Transfer Status:	≥ 5 (Greater than or equal to 5) < 5 (Less than 5)
5. Study Site:	GF Strong Holy Family Fanning Foothills Toronto Rehab
6. Age:7. Meets all study inclusion criter	≥ 60 (Greater than or equal to 60) ≤60 (Less than 60)
(Participant Screening Form): 8. Randomization Date & Time:	
o. Randomization Date & Time.	yyyy mm dd hh mm
To be completed by DOSE Site	Coordinator:
ASSIGNED STUDY Group:	Stroke Management Program Stroke Monitoring Program Stroke Supplementary Program
Initials of individual completing randomization:	(First/Last)
Date of randomization:	yyyy mm dd

CRU-0	25-DOSI	Ε			P	late :	#00 5					Ba	seli	ne				
Subject ID:									Vis	sit Dat	e:							
	Cent	re	P	Patie	nt ID								УУ	уу		m m		d d

Participant Baseline Information Form (pg. 1 of 4)

1. Interviewer's Initials:	(First/Last)		
2. Gender:	Male	Female	
3. Height (cm):		cm	
4. Weight (lbs):		lbs	
5. Waist Circumference (cm):		cm	
6. Date of Birth:	уууу	m m	d d
7. Date of Stroke:	уууу	m m	d d
8. Rehab Admission Date:	уууу	m m	d d
9. Brain Hemisphere Affected:	R	L	
10. Limb (s) Affected:	UE	LE	
11. Dominant Hand (prior to stroke):	R		
12. Recurrent Stroke:	Yes	No	
If yes, same side?:	Yes	No	
How many times?:			

CRU-025-DOSE PIS Subject ID: Centre Patient ID	ate #006 Baseline Visit Date: yyyy mm dd
Participant Baseline Information	(pg. 2 of 4)
11. Pre-Stroke Disability: (Modified Rankin Scale)	0 1 2 3 4 5
12. Stroke Information Obtained from:	CT MRI
13. Stroke Type:	Lacunar Infarct Hemhorrhagic Unknown
14. Stroke Location:	Cortical Subcortical Unknown
15. Vessel Affected:	MCA ACA PCA
	Other, please specify
16. Diabetes mellitus:	Yes No
If yes, criteria: (check all that apply)	Self-reported Taking antidiabetic medication Elevated glucose in medical records
17. Hypertension:	Yes No
If yes, criteria: (check all that apply)	Self-reported Taking a medication specifically for lowering BP High blood pressures in medical records History of hypertension in medical records
18. Current Medication:	

CRU-025-DOSE P	late #007	Baseline
Subject ID: Centre Patient ID	Visit Date:	yyyy mm dd
Participant Baseline Information	(pg. 3 of 4)	
19. Tobacco use: Never smoked		
Former smoke	r:	
Year stopped:		
Years smoked:		
Average cigare	ettes per day:	and/or pipes/cigars
Current smoke	er:	
Years smoked:		
Average cigare	ettes per day:	and/or pipes/cigars
20. Years of Formal Education: (high school = 12 years, add years post-secondary)		
21. Spoken Language preference:	English Chine	se French
	Other	
22. If two languages spoken regularly at home, which is one is spoken >50% of time?	English Chine Other	ese French

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CRU-025-DOSE Plate #008	Baseline			
Subject ID: Visit Date: Patient ID	уууу		m m	d d
Participant Baseline Information (pg. 4 of 4)				
22. Ethnicity:				
White (Caucasian)				
Aboriginal (First Nations person, Metis, Inuit)				
Black				
Latin American				
South Asian (East Indian, Pakistani, Sri Lankan, etc.)				
East Asian (Chinese, Vietnamese, Filipino, Korean, etc.)				
More than one or other:				
23. Marital Status:				
Never married				
Married/Common Law				
Separated/Divorced				
Widowed				
24. Living Arrangements (Prior to stroke):				
Alone in house or apartment				
With spouse/relatives/others in home or apartment				
Assisted living facility or nursing home or other paid caregiver				
Other:				

Baseline Visit #002

Subject ID: Centre Patient ID	Visit Date:		 	d d
Centre Patient ID		уууу	111 111	u u
Participant Personal Information Form				
*This form will not be entered into the database – it is follow up evaluations. This form will be stored in a loc ticipant is enrolled.	-			
1. Participant Name:				
2. Screening ID:				
3. Assigned Study ID:				
4. Date of Birth: yyyy mm	d d			
5. Gender: Male Female				
6. Patient Contact Phone Number:				
7.Patient address:				
8. Family/Friend contact: F	Relation:			
Phone number:				
Address:		_		

9. Medications:

CRU-DOSE-025	Plate #009
Subject ID: Centre	Patient ID Visit Date: yyyy mm dd
Outcome Measures	-5 Meter Walk Evaluation Form
1. Evaluator's Initials:	(First/Last)
5 Meter Walk Test	
a) Trial 1: "Comfortabl	e Pace" - Number of seconds: sec
b) Trial 2: "Comfortabl	e Pace" - Number of seconds: sec
	Average: sec
c) Assistive Devices:	None Single point cane Quad cane Wheeled walker
	Standard Other:
d) Type of AFO:	None Rigid Plastic (no joint) Rigid Plastic (with joint)
	Other:
e) FAC:	Ambulator—Dependent for Physical Assistance Level II
	Ambulator—Dependent for Physical Assistance Level I
	Ambulator—Dependent for Supervision
	Ambulator—Independant, Level surfaces only
	Ambulator—Independant, Level and non-level surfaces

			BL	FU	6M	12M
CRU-DOSE-025	Plate #010					
Subject ID: Centre Patient I	^I D	Visit Date:	ууу	/ y	m m	d d
6 Minute Walk Evaluation Form	n (pg. 1 of 2)					
1. Evaluator's Initials:	(First/Last)					
2. Height:		cm				
3. Weight:		kg				
4. Rest HR:						
Peak HR:						
Rest BP:						
Peak BP:						
5. Distance covered in 6 minutes:].	m			

	\blacksquare
CRU-025-DOSE	Plate #011
Subject ID: Centre Pati	Visit Date: yyyy mm d d
6 Minute Walk Evaluation	Form (pg. 2 of 2)
6. Assistive Devices:	None
	Single point cane
	Quad cane
	Wheeled walker
	Standard walker
	Other:
7. Type of AFO:	None
	Rigid Plastic (no joint)
	Rigid Plastic (with joint)
	Other:
8. FAC:	Ambulator—Dependent for Physical Assistance Level II
	Ambulator—Dependent for Physical Assistance Level I
	Ambulator—Dependent for Supervision
	Ambulator—Independant, Level surfaces only
	Ambulator—Independant, Level and non-level surfaces

Version: 0.02

CRU-025-DOSE Plate #012
Subject ID: Visit Date: yyyy mm dd
Berg Balance Scale Evaluation Form (pg. 1 of 5)
Evaluator's Initials: First / Last
Scoring: A five-point scale, ranging from 0-4. "0" indicates the lowest level of function and "4" the highest level of function. Total Score = 56
1. Sitting to Standing Instructions: Please stand up. Try not to use your hands for support.
4: Able to stand no hands and stabilize independently.
3: Able to stand 2 independently using hands.
2: Able to stand using hands after serveral tries.
1: Needs minimal assistance to stand or to stabilize.
0: Needs moderate or maximal assistance to stand.
2. Standing Unsupported Instructions: Please stand for two minutes without holding.
4: Able to stand safely 2 minutes.
3: Able to stand 2 minutes with supervision.
2: Able to stand 30 seconds unsupported.
1: Needs several tried to stand 30 seconds unsupported.
0: Unable to stand 30 seconds unassisted.
NB: If a participant is able to stand 2 minutes unsupported, score full points for sitting unsupported & proceed to item # 4.
3. Sitting With Back Unsupported but Feet supported on Floor or Stool. Instructions: Please sit with arms folded for two minutes.
4: Able to sit safely and securely 2 minutes.
3: Able to sit 2 minutes under supervision.
2: Able to sit 30 seconds.
1: Able to sit 10 seconds.
0: Unable to sit without support 10 seconds.

CRU-025-DOSE Plate #013 Subject ID:
Berg Balance Scale Evaluation Form (pg. 2 of 5)
4. Standing to Sitting Instructions: Please sit down.
4: Sits safely with minimal use of hands.
3: Controls descent by using hands.
2: Uses back of legs against chair to control descent.
1: Sits independently but has uncontrolled descent.
0: Needs assistance to sit.
5. Transfers Instructions: Arrange chair(s) for a pivot transfer. Ask the participant to transfer one way toward a seat with armrests and one wat toward a seat without armrests. You may use two chairs (one with and one without armrests) or a bed and a chair. If bed/plinth is used, it should be chair height.
4: Able to transfer safely with minor use of hands.
3: Able to transfer safely definite need of hands.
2: Able to transfer with verbal cueing and/or supervision.
1: Needs one person to assist.
0: Needs two people to assist or supervise to be safe.
6. Standing Unsupported with Eyes Closed Instructions: Please close your eyes and stand still for 10 seconds.
4: Able to stand 10 seconds safely.
3: Able to stand 10 seconds with supervision.
2: Able to stand 3 seconds.
1: Unable to keep eyes closed 3 seconds but stays steady.
0: Needs help to keep from falling.
7. Standing Unsupported with Feet Together Instructions: Please place your feet together and stand without holding.
4: Able to place feet together independently and stand 1 minute safely.
3: Able to place feet together independently and stand for 1 minute with supervision.
2: Able to place feet together independently but unable to hold for 30 seconds.
1: Needs help to attain position but able to stand 15 seconds with feet together.
0: Needs help to attain position and unable to hold for 15 seconds.

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											BL	-	FU		6M		12M
	CRU	-025-DOSE			Plate	¥014											
Sul	bject ID:	Centre	Pa	tient l	TD			Visit	Date:		уу	уу		m n	า		d d
Bei	rg Bala	nce Scale	Evalu	uation	Form	ı (pg.	3 of	3)									
<i>Inst</i> (Exa	tructions aminer pla recorded	g Forward s: Please lind dices a ruler at measure is the participant to	ft your a end of fine distance	arms to ngertips ce forwa	90 de when a ard that t	egrees rm is at he fing	s. <i>Stre</i> t 90 de ers rea	etch ou egrees. ach while	it your Fingers	shou bject	ıld not	touch	the rule	while re	eachi	ng forv	ward.
	4: Can	reach forwa	ard conf	fidently	/ more	than '	10 inc	ches (>	25cm).							
	3: Can	reach forwa	ard mor	e than	5 inch	es saf	fely (>	>12.5cı	m).								
	2: Can	reach forwa	ard mor	e than	2 inch	es saf	fely (>	>5cm).									
	1: Read	hes forwar	d but ne	eeds s	upervis	sion.											
	0: Need	ls help to ke	eep fror	m fallin	ıg.					*			inches				
	-	Object from: E: Please pi					_			nt o	your	feet.					
	4: Able	to pick up s	lipper s	safely a	and ea	sily.											
	3: Able	to pick up s	lipper b	out nee	eds sup	ervisi	ion.										
	2: Unab	le to pick u	p but re	eaches	1 to 2	inche	es (2-5	5cm) fr	om sli	ppe	and	keeps	s balar	nce ind	ереі	ndent	ily.
	1: Unab	le to pick u	p and r	eeds	superv	sion v	while 1	trying.									
	0: Unab	le to try/ne	eds ass	sistanc	e to ke	ep fro	m los	sing ba	lance	or fa	alling.						
	_	to Look B : Please tui				_						_	eat to ti	he righ	t.		
	4: Look	s behind fro	m both	sides	and w	eight	shifts	well.									
	3: Look	s behind or	e side	only; o	ther si	de sh	ows le	ess we	ight sl	hift.							
	2: Turns	s sideways	only bu	t main	tains b	alanc	e.										
	1: Need	ls supervisi	on whe	n turni	ng.												
	O: Noo	de accietan	ca ta ka	oon fro	m locir	na hal	ance	or falli	na								

CRU-025-DOSE Plate #015
Subject ID: Centre Patient ID Visit Date: yyyy mm dd
Berg Balance Scale Evaluation Form (pg. 4 of 4)
11. Turn 360 Degrees Instructions: Please turn around completely in a full circle. Pause. Then turn a full circle in the other direction.
4: Able to turn 360 degrees safely in less than 4 seconds each side.
3: Able to turn 360 degrees safely one side only – less than 4 seconds.
2: Able to turn 360 degrees safely but slowly.
1: Needs close supervision or verbal cueing.
0: Needs assistance while turning.
12. Placing Alternate Foot on Step or Stool while Standing Unsupported Instructions: Please place each foot alternately on the step/stool. Continue until each foot has touched the stool four times. 4: Able to stand independently and safely and complete 8 steps in 20 seconds. 3: Able to stand independently and complete 8 steps in more than 20 seconds. 2: Able to complete 4 steps without aid but with supervision. 1: Able to complete more than 2 steps – needs minimal assistance. 0: Needs assistance to keep from falling/unable to try.
13. Standing Unsupported One Foot in Front Instructions: (DEMONSTRATE to subject) Please place one foot directly in front of the other. If you feel that you cannot place your foot directly in front, try to step far enough ahead that the heel of your forward foot is ahead of the toes of the other foot. (To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should approximate the subject's normal stride).
4: Able to place foot tandem independently and hold for 30 seconds.
3: Able to place foot ahead of the other independently and hold 30 seconds.
2: Able to take small step independently and hold 30 seconds.
1: Needs help to step but can hold 15 seconds.
0: Loses balance while stepping or standing.

			BL FU	6M 12M	
CRU-025-DOSE	Plate #016				
Subject ID: Centre Pati	ient ID	Visit Date:	уууу	m m d d	
Berg Balance Scale Eval	uation Form (pg.	5 of 5)			
14. Standing on One Leg <i>Instructions: Please stand or</i>	n one leg as long as	you can without ho	olding.		
4: Able to lift leg independ	dently and hold mor	e than 10 seconds			
3: Able to lift leg independ	dently and hold 5 to	10 seconds.			
2: Able to lift leg independ	dently and hold at le	east 3 seconds.			
1: Tries to lift leg, unable	to hold 3 seconds b	out remains standin	g independently.		
0: Unable to try or needs	assistance to preve	ent fall.			
TOTAL SCORE:	/56				

	☐ FU ☐ 6M ☐ 12M
CRU-025-DOSE Plate #017	
Subject ID: Centre Patient ID Visit Date: yyyy	m m d d
Isometric Knee Extension	
1. Evaluator's Initials:	
(First/Last)	
2. Paretic lower extremity:	ns/kg
3. Non-paretic lower extremity: R L newtor	ns/kg

	M
CRU-025-DOSE Plate #018	
Subject ID: Visit Date:	
Centre Patient ID yyyy mm dd	
EQ-5D Health Questionnaire (pg. 1 of 2)	
PART A:	
Instructions: Under each heading, please tick ONE box that best describes your health TODAY.	
MOBILITY	
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	
SELF-CARE	
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	
USUAL ACTIVITIES (e.g work, study, housework, family or leisure activities)	
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	
PAIN/DISCOMFORT	
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	



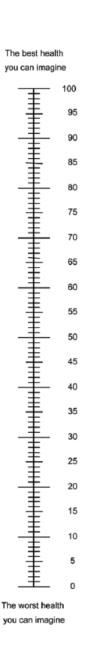
EQ-5D Health Questionnaire (pg. 2 of 2)

ANXIETY/DISCOMFORT
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

PART B:

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

Health Value: (/100)



CRU-025-DOSE Subject ID: Centre Patien	Plate #020	Visit Date:	6M 12M
Montreal Cognitive Assessr	ment (MOCA)		
Visuospatial/Executive:	/5		
Naming:	/3		
Attention:			
Digits:	/2		
Letters:	/1		
Serial Subtraction:	/3		
Language:			
Repeat:			
Fluency:	/1		
Abstraction:	/2		
Delayed Recall:	/5		
Orientation:	/6		
Education: (add 1 point if ≤ 12 years)			
TOTAL SCORE:	/30		
Expressive Aphasia:	Yes	No	
Expressive Aphasia Score:	/30		

			BL FU	6M 12M
CRU-025-DOSE	Plate #021			
Subject ID: Centre	Patient ID	Visit Date:	уууу	m m d d
Digit Symbol Substitu	tion Test (DSST)			
1. Evaluation Date:	y y y y m	m dd		
2. Evaluator's Initials:	(First/Last)			
3. DSST Results:	Number of corr	rect symbols in 1	minute	
	Number of in co	rrect symbols in	1 minute	

		BL FU	☐ 6M ☐ 12M
CRU-025-DOSE	Plate #022		
Subject ID: Centre	Patient ID	Visit Date:	m m d d
Trail Making A and D.	244 5		
Trail Making A and B I	Data Form		
1. Evaluation Date:	уууу	m m d d	
2. Evaluator's Initials:	(First/Last)		
TRAIL	Time (Seconds)	Number of Errors	
Α			
В			

CRU-025-DOSE Plate #023 Baseline
Subject ID: Visit Date: yyyy mm d d
NIH Stroke Scale (pg. 1 of 3)
1a. Level of Consciousness
0 = Alert, Keenly responsive 1 = Not alert; but arousable by minor stimulation to obey, answer or respond 2 = Not alert; requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped) 3 = Responds only with reflex motor or autonomic effects or totally unresponsive, flacid and areflexic.
1b. Level of Consciousness Questions
0 = Answers both questions correctly 1 = Answers one question correctly 2 = Answers neither question correctly
1c. Level of Consciousness Questions
0 = Performs both tasks correctly 1 = Performs one task correctly 2 = Performs neither task correctly
2. Best Gaze
0 = Normal 1 = Partial gaze palsy; gaze is abnormal in one or both eyes, but where forced deviation or total gaze paresis is not present. 2 = Forced deviation; or total gaze paresis not overcome by the occulocephalic maneuver.
3. Visual
0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia (blind including cortical blindness)
4. Facial Palsy
0 = Normal symmetrical movements 1 = Minor paralysis; Flattened nasolabial fold, asymmetry on smiling) 2 = Partial paralysis (total or near-total paralysis of lower face) 3 = Complete paralysis of one or both sides (absence of facial movement in the upper and lower face).

CRU-025-DOSE Plate #024 Baseline
Subject ID: Visit Date: yyyy mm d
NIH Stroke Scale (pg. 2 of 3)
5. Motor Arm
R L
0 = No drift; limb holds 45 degrees (or 90) for full 10 seconds 1 = Drift; limb holds 45 degrees (or 90), but drifts down before full 10 seconds; does not hit bed or other support. 2 = Some effort against gravity; limb cannot get to or maintain (if cued) 45 de grees (or 90), drifts down before full 10 seconds; does not hit bed or other support. 3 = No effort against gravity; limb falls 4 = No movement
5 = Amputation or joint fusion, explain:
Non-Paretic UE Score: Paretic UE Score:
6. Motor Leg
R L
0 = No drift; leg holds 30 degree position for full 5 seconds 1 = Drift; leg falls by the end of the 5 second period, but does not hit the bed 2 = Some effort against gravity; leg falls to bed by 5 secs, but has some effort against gravity 3 = No effort against gravity; leg falls to bed immediately
4 = No movement 5 = Amputation or joint fusion, explain:
7. Limb Ataxia
0 = Absent 1 = Present in one limb 2 = Present in two limbs UN: Amputation or joint fusion, explain:
8. Sensory
0 = Normal; no sensory loss
1 = Mild to moderate sensory loss; patient feels pinprick is less sharp or is dull on the affected side; or there is a loss of superficial pain with pinprick but patient is aware of being touched.
2 = Severe to total sensory loss ; patient is not aware of being touched in the face, arm, and leg

CRI	J-025-DOSE		Plate #025			Ва	seline					
Subject ID	: Centre	Patient I	D	Vis	sit Date:		уууу		r	m m		d d
NIH-Stro	ke Scale (pg	. 3 of 3)										
9. Best L	•	,										
	No aphasia, n Mild to moder without signific speech and/or difficult or impo- can identify pic	rate aphas cant limitati comprehe ossible. Fo	on on ideas nsion, how r example,	s expresse ever, mak in convers	ed or form es conve sation abo	n of ex rsatior out pro	pression about ovided i	n. Re provi	ductic	on of nateria	als	
2 =	Severe aphas inference, que exchanged is materials prov	estioning, a limited; liste	nd guessing ener carries	g by the list burden c	stener. Ra	ange c	of inforn	nation	that o	can b	е	1
10. Dysai	rthria											
	Normal											
1 =	Mild to moder understood wi			nt slurs at	least sor	ne wo	rds and	l at w	orst, c	an be	9	
2 =	Severe dysart out of proportion		•				intelligi	ble in	the al	bsend	ce o	f or
11. Extino	ction and Inatt	ention (for	rmerly Neg	jlect)								
1 =	No abnormali Visual, tactile simultaneous s Profound hen does not recog	, auditory, simulation ni-inattent	in one of th i <mark>on or hem</mark>	e sensory ii-inattent	modalitie	es. ore th	an one			eral		
Total S	core:											

Version: 0.02

		BL FU		
CRU-DOSE-025	Plate #026			
Subject ID:	Visit Date:			
Centre Patient	ID	уууу	mm dd	_

Functional Independence Measure (FIM) (pg. 1 of 2)

Self-Care	Score
A. Eating	
B. Grooming	
C. Bathing	
D. Dressing - Upper Body	
E. Dressing - Lower Body	
F. Toileting	
Transfers	
G. Bladder Management	
H. Bowel Management	
Locomotion	
I. Bed, Chair, Wheelchair	
J. Toilet	
K. Tub, Shower	
Motor Subtotal Score:	

			BL FU	
CRU-025-DOSE	Plate #027			
Subject ID:	Patient ID	Visit Date:	уууу	m m d d
Functional Independe	ence Measure (FIM)) (pg. 2 of 2)		
Social Interaction				
L. Walk				
M. Wheelchair				
N. Stairs				
Communication				
O. Comprehension				
P. Expression				
Q. Social Interaction				
R. Problem Solving				
S. Memory				
Cognitive Subtotal Score:				
TOTAL FIM Score:				

CRU-025-DOSE Plate #028	1111	BL	FU 6	М12М
Subject ID: Centre Patient ID	Visit Date	e:	y y m n	n dd
Patient Health Questionnaire (PHQ-9)				
	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or, being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
TOTAL:				
10. If you checked off any problems (questions 1-your work, take care of things at home, or get alo	ng with other p	eople?	_	·
Not Difficult Somewhat Difficult	Very Diffi	cult	Extremely Diffic	ult

CRU-025-DOSE	Plate #029		Baseline			
Subject ID: Centre Patie	nt ID	Visit Date:	уууу	m	m	d d
Godin Leisure Time Exercis	se Questionnaire					
1. During a typical 7-Day perio following kinds of exercise for ate number).						
			Times	Per Week		
a) STRENUOUS EXERCISE (e.g., squash, basketball, cross vigorous swimming, vigorous lo	country skiing, judo,	roller skating,				
b) MODERATE EXERCISE (e.g., fast walking, baseball, ter badminton, easy swimming, alp	nnis, easy bicycling, v	olleyball,				
c) MILD EXERCISE (MINIM. (e.g., yoga, archery, fishing from snow-mobiling, easy walking)		horseshoes, golf,				
	TOTAL Leisure	Activity Score:				
2. During a typical 7-Day perio in any regular activity long end		•		e, how ofter	າ do you	engage

Never/Rarely 0-1 days/week

Often 5-7 days/week Sometimes 2-4 days/week

CRU-025-DOSE Plate #030	■ ■ □ 6M [12M	
	/isit Date:	/ m m	d d
6 and 12 Month Follow Up Information Form (pg	ј. 1 of 2)		
1. Interviewer's Initials: (First/Last)			
2.Patient address and contact phone number same as d personal information form?: (If new address and/or phone number, make change on information form and date)	1es	No	
3. Family/friend contact information same as data on per information form?: (If new information, make change on personal information form and date)	1es	No	
4. Any change in health/functional status since last evalu	uation?: Yes	No	
Comments:			
5. Any change in medications since last evaluation?: (*Interviewer compares meds to those on participant's baseline/6 month evaluation form)	Yes	No	
Comments:			
6. Any change in living situation since last evaluation?:	Yes	No	
Comments:			

CRU-025-DOSE Plate #031	■ ■
Subject ID: Centre Patient ID	isit Date: yyyy mm dd
6 and 12 Month Follow Up Information Form (pg	. 2 of 2)
7. Any falls since last evaluation?:	No
Number of falls:	
If appropriate, list date(s) and reason(s) for falls:	
Reason Market Ma	ons:
	ons:
	ons:
8. Any formal therapy received since last evaluation?:	Yes No
(If appropriate list type of therapy/frequency/duration):	
Type of therapy:	Duration:
Type of therapy:	Duration:
Type of therapy:	Duraiion:
9. Participation in any formal exercise/rehabilitation stud	dy since last evaluation?: Yes No
Comments:	

	■ ■ 6M
CRU-025-DOSE	Plate #032
Subject ID: Centre	Patient ID Visit Date: yyyy mm dd
6 and 12 Month Step A	ctivity Monitor Form
Evaluator's Initials:	(First/Last)
	the accelerometers that the participant wears for a 4 day r the 6 month and 12 month evaluation
Total number of steps:	Day 1
	Day 2 Day 3
II	Day 4
Energy Expenditure:	Day 1
	Day 2
	Day 3
	Day 4