CRU-025-DOSE Plate #011 Subject ID:
Outcome Measures-5 Meter Walk Evaluation Form 1. Participant's Study ID:
2. Evaluation Date:
3. Evaluator's Initials:
First/Last:
5 Meter Walk Test Time (in seconds) to walk 5 meters:
"Comfortable" (Self-Selected)Pace):
a. Trial 1: "Comfortable Pace" - Number of seconds:sec
b. Trial 2: "Comfortable Pace" - Number of seconds:sec
c. Assistive Devices: None Single Quad cane Wheeled walker Standard
d. Type of AFO: Rigid Plastic (with joint)
e) FAC: Ambulator—Dependent for Physical Assistance Level II
Ambulator—Dependent for Physical Assistance Level I
Ambulator—Dependent for Supervision
Ambulator—Dependent for Supervision
Ambulator—Indendant, Level surfaces only
Ambulator—Independent evel and non-level surfaces

CRU-025-DOSE Plate #6	012
Subject ID: Centre Patient ID	Visit Date: yyyy mm dd
6 Minute Walk Evaluation Form	
1. Participant's Study ID:	
3. Evaluation Date:	yyyy mm dd
4. Evaluator's Initials:	
5. Height:	cm
Weight:	kg kg
6. Rest HR:	
Rest BP:	
Peak BP:	
7. Distance covered in 6 minutes:	Meters

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	CRU-025-E	DOSE Plate #013
Sub	ject ID:	entre Patient ID Visit Date: yyyy mm dd
6 N	linute Eval	luation Form
8.	Assistive Devices:	None Single Quad cane Wheeled walker Standard
		Other:
9.	Type of AFO:	None Rigid Plastic Rigid Plastic (no joint) Rigid Plastic
		Other:
10.	FAC:	Ambulator—Dependent for Physical Assistance Level II
		Ambulator—Dependent for Physical Assistance Level I
		Ambulator—Dependent for Supervision
		Ambulator—Dependent for Supervision
		Ambulator—Indendant, Level surfaces only
		Ambulator—Independant, Level and non-level surfaces

CRU-025-DOSE Plate #014 Subject ID:
Berg Balance Scale Evaluation Form-pg. 1
1. Participant's Study ID: 2. Evaluation Date:
3. Evaluator's Initials:
The Berg Balance Scale (BBS) is a 14-item scale to measure balance among people with impairment in balance function by assessing the performance of functional tasks in a clinical setting.
Equipment needed: Ruler, bed and chair or two standard chairs, footstool or step, stopwatch or wristwatch.
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
Instructions:
Grading: Please mark the category which applies.
Sitting to Standing from a chair Instruction: Please stand up. Try not to use your hands for support.
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 tries to stand 30 seconds unsupported.
0: Unable to stand 30 seconds unassisted

CRU-025-DOSE Plate #015 Subject ID:
Berg Balance Scale Evaluation Form-pg. 2
Standing Unsupported Instruction: Stand for two minutes without holding
4: Able to stand no hands and stablize independently
3: Able to stand independently using hands.
2: Able to stand using hands after several tries.
1: Needs minimal assistance to stand or to stabilize.
0: Unable to stand 30 seconds without assistance
3. Sitting Unsupported Feet on Floor (do not test if patient is independent in standing or walking, just score 4) Instruction: Sit with arms folded for two minute.
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
4. Standing to Sitting Instruction: 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.

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CRU-025-DOSE Subject ID:	Plate #016	Visit Date:		
Centre Pa	tient ID	_	уууу	mm dd

Berg Balance Scale Evaluation Form-pg. 3

5. Transfers Instruction: Please move from chair to bed and back again. One way toward a seat with arm rests and one toward a seat without arm rests. If a bed/plinth is used, it should be lowered and close to a chair seat height.	way
4: Able to transfer safely with minor use of hands.	
3: Able to transfer safely definite need of hands.	
2: Uses back of legs against chair to control descent.	
1: Needs one person to assist.	
0: Needs two people to assist or supervise to be safe.	
6. Standing Unsupported with Eyes Closed Instruction: 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 two people to assist or supervise to be safe.	
7. Standing Unsupported with Feet Together Instruction: 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.	

CRU-025-DOSE Plate #017	FU 6M 12M
Subject ID: Visit Date: 77.5 Visit Date:	m m d d
Berg Balance Scale Evaluation Form	
8. Reaching Forward with Outstretched Arm Instruction: Lift arm to 90 degrees. Stretch out your fingers and reach forward (Examiner places a ruler at end of fingertips when arm is at 90 degrees. Fingers s ruler while reaching forward. The recorded measure is the distance forward that the the subject is in the most forward lean position).	should not touch the
4: Can reach forward confidently more than 10 inches.	
3: Can reach forward more than 5 inches safely.	
2: Can reach forward more than 2 inches safely.	
1: Reaches forward but needs supervision.	
0: Needs help to keep from falling.	
9. Pick Up Object from the Floor Instruction: Pick up the shoe/slipper which is placed in front of your feet.	
4: Able to pick up slipper safely and easily.	
3: Able to pick up slipper but needs supervision.	
2: Unable to pick up but reaches 1 to 2 inches from slipper	
1: Unable to pick up and needs supervision while trying.	
0: Unable to try/needs assistance to keep from falling.	
10. Turning to Look Behind Over Left and Right Shoulders Instruction: Turn to look behind you over toward left shoulder. Repeat to the ri Grading:	ight.
4: Looks behind from both sides and weight shifts well.	
3: Looks behind one side only; other side shows less weight shift.	
2: Turns sideways only but maintains balance.	
1: Needs supervision when turning.	
0: Needs assistance to keep from falling.	Version: 2013-10-22-001

CRU-025-DOSE Plate #018
Subject ID: Visit Date:
Centre Patient ID yyyy m'm d'd
Berg Balance Scale Evaluation Form
11. Turn 360 Degrees Instruction: Turn completely around 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 cuing.
0: Needs assistance while turning.
12. Step on Stool Instruction: Place each foot alternately on the 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 turn 360 degrees safely one side only – less than 4 seconds.
2: Able to complete 4 steps without aid with supervision.
1: Able to complete more than 2 steps – needs minimal assistance.

0: Needs assistance to keep from falling – unable to try.

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CRU-025-DOSE Plate #019	
Subject ID: Visit Date: yyyy mm d d	
Berg Balance Scale Evaluation Form	
13. Standing Unsupported One Foot in Front Instruction: 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. (DEMONSTRATE to subject.)	
4: Able to turn 360 degrees safely in less than 4 seconds each side.	
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.	
 Standing on One Leg Instruction: Stand on one leg (your stroke affected side) as long as you can without holding. 	
4: Able to lift leg independently and hold more than 10 seconds.	
3: Able to lift leg independently and hold 5 to 10 seconds.	
2: Able to lift leg independently and hold at least 3 seconds.	
1: Tries to lift leg, unable to hold 3 seconds but remains standing independently.	
0: Unable to try or needs assistance to prevent fall.	
TOTAL SCORE: /56	

			BL FU	6M 12M
CRU-025-DOSE Subject ID: Centre	Plate #020 Patient ID	Visit Date:	уууу	m m d d
Isometric Knee Exten	sion			
1. Participant's Study ID:		_		
2. Evaluation Date:	уууу —	mm dd		
3. Evaluator's Initials:	First/Last			
Paretic lower extremity:	R L		_newtons/kg	

Non-paretic lower extremity: R L _____newtons/kg

CRU-025-DOSE Plate #021	BL FU 6M 12M
Subject ID: Visit Date:	yyyy mm dd
EQ-5D Health Questionnaire	
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	Π
I have severe pain or discomfort	Π
I have extreme pain or discomfort	
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	Version: 2013-10-22-001

CRU-025-D	OSE Plate #022							
Subject ID:	entre Patient ID Visit Date: yyyy mm dd							
Montreal Cognitive Assessment (MOCA)								
Visuospatial/ Executive:	Alternation Trail Making Cube Clock contours Clock numbers Clock hands							
Naming:	Lion Rhinocerous/Rhino Camel							
Attention:	Digits forward Digits backward Vigilance: Letter A Tap Hand							
Serial 7 Subtraction:	0 pt=0 correct							
Language:	Sentence 1 Sentence 2 >11 words in 1 minute							
Abstraction:	Train-bicycle Watch-ruler							
Delayed Recall:	Face Velvet Church Daisy Red							
Orientation:	Date Month Year Day Place City							
Education	(<=12 yrs):							
No data co	ollected							

CRU- Subject ID:	925-DOSE	Plat	e #026 Visit Date:			\prod		
	Centre	Patient ID		уууу	m m	d d		

Functional Independence Measure (FIM)

	(· ····)
Items	Score
Self-Care	
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	
Social Interaction	
L. Walk/Wheelchair	
M. Stairs	
Motor Subtotal Score:	
Communication	
N. Comprehension	
O. Expression	
Social Interaction	
P. Social Interaction	
Q. Problem Solving	
R. Memory	
Cognitive Subtotal Score:	
TOTAL FIM Score:	

CRU-025-DOSE Plate #027		BL	FU]6M12M	
Subject ID: Centre Patient ID	Visit Date:	ууу	y r	m m dd	
Patient Health Questionnaire (PHQ-9)					
	Not At All	Several Days	More Than Half the Days	Nearly Every Day	
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					
10. If you checked off any problems (questions 1-9), your work, take care of things at home, or get along Not Difficult Somewhat Difficult Very Difficult Extremely Difficult			oroblems mad	e it for you to do	1