

| | | | | | | | | | | | | | | | ☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-DOSE

Plate #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

6. Rest HR:

Rest BP:

Peak BP:

7. Distance covered in 6 minutes:

Meters

☐ *BL* ☐ *FU* ☐ *6M* ☐ *12M*

CRU-025-DOSE

Plate #014

Subject ID:

Centre

Patient ID

Visit Date:

y y y y

m m

d d

Berg Balance Scale Evaluation Form-pg. 1

1. Participant's Study ID: _____

2. Evaluation Date:

y y y y

m m

d d

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.

1. 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

| | | ■ | | ■ | | | | | ■ ■ ■ ■ ☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-DOSE

Plate #015

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

dd

Berg Balance Scale Evaluation Form-pg. 2

2. Standing Unsupported

Instruction: Stand for two minutes without holding

☐

4: Able to stand no hands and stabilize 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 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

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.

| | | ■ | | ■ | | | | ■ | | | | ☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-DOSE

Plate #016

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

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 way toward a seat without arm rests. If a bed/plinth is used, it should be lowered and close to a chair seat height.

☐

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.



☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-D0SE Plate #017

Subject ID:

Centre *Patient ID*

Visit Date:

yyyy *mm* *dd*

Berg Balance Scale Evaluation Form

8. Reaching Forward with Outstretched Arm

Instruction: Lift arm to 90 degrees. Stretch out your fingers and reach forward as far as you can. (Examiner places a ruler at end of fingertips when arm is at 90 degrees. Fingers should not touch the ruler while reaching forward. The recorded measure is the distance forward that the fingers reach while the subject is in the most forward lean position).

*

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 4: Can reach forward confidently more than 10 inches. |
| <input type="checkbox"/> | 3: Can reach forward more than 5 inches safely. |
| <input type="checkbox"/> | 2: Can reach forward more than 2 inches safely. |
| <input type="checkbox"/> | 1: Reaches forward but needs supervision. |
| <input type="checkbox"/> | 0: Needs help to keep from falling. |
- inches

9. Pick Up Object from the Floor

Instruction: Pick up the shoe/slipper which is placed in front of your feet.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 4: Able to pick up slipper safely and easily. |
| <input type="checkbox"/> | 3: Able to pick up slipper but needs supervision. |
| <input type="checkbox"/> | 2: Unable to pick up but reaches 1 to 2 inches from slipper |
| <input type="checkbox"/> | 1: Unable to pick up and needs supervision while trying. |
| <input type="checkbox"/> | 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 right.

Grading:

- ☐ 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.

| | | ■ | | ■ | | | | ■ | | ■ | ☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-DOSE

Plate #018

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

dd

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.

| | | | | | | | | | | | | | | | ☐ BL ☐ FU ☐ 6M ☐ 12M

CRU-025-DOSE

Plate #019

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

dd

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.

14. 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

Plate #020

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

dd

Isometric Knee Extension

1. Participant's Study ID: _____

2. Evaluation Date:

yyyy

mm

dd

3. Evaluator's Initials:

First/Last

Paretic lower extremity:

R

L

_____newtons/kg

Non-paretic lower extremity:

R

L

_____newtons/kg

☐ *BL* ☐ *FU* ☐ *6M* ☐ *12M*

CRU-025-DOSE

Plate #021

Subject ID:

Centre

Patient ID

Visit Date:

y y y y

m m

d d

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

I have severe pain or discomfort

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

☐ *BL* ☐ *FU* ☐ *6M* ☐ *12M*

CRU-025-DOSE

Plate #022

Subject ID:

Centre

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

Rhinoceros/Rhino

Camel

Attention:

Digits forward

Digits backward

Vigilance: Letter A Tap Hand

Serial 7
Subtraction:

0 pt=0 correct

1 pt=1 correct

2pts=2 or 3 correct

3pts=4 or 5 correct
subtractions

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 collected

