



CRU-025-DOSE

Plate #006

Baseline #002

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

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Participant Baseline Information Form-pg. 1

1. Interviewer's Initials:

Date:

yyyy

mm

dd

2. Study ID: _____

3. Gender:

☐

Male

☐

Female

Height:

Weight:

Waist Circumference:

4. Date of Birth:

yyyy

mm

dd

5. Date of Stroke:

yyyy

mm

dd

6. Rehab Admission Date:

yyyy

mm

dd

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?:



CRU-025-DOSE

Plate #007

Baseline #002

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Participant Baseline Information—pg.2

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 Hemorrhagic Unknown

14. Stroke Location:

 Cortical Subcortical Unknown

15. Vessel Affected:

 MCA ACA ACA Unknown, 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

Plate #008

Baseline #002

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Participant Baseline Information—pg. 319. Tobacco use: ☐ Never smoked☐ Former smoker ----> year stopped: years smoked: average cigarettes per day: and/or ☐ pipes/cigars☐ current smoker-----> year stopped: years smoked: average cigarettes per day: and/or ☐ pipes/cigars20. Years of Formal Education:

(high school = 12 years, add years post-secondary)

21. Spoken Language preference: ☐ English (>90%) ☐ Chinese (>90%) ☐ French (>90%)☐ Other (>90%)_____

Two languages spoken regularly at home which >50% of time?

☐ English (>90%)☐ Chinese☐ French☐ Other (>90%)_____



CRU-025-DOSE

Plate #010

Baseline #002

Subject ID:

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Patient ID

Visit Date:

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Participant Personal Information Form

*This form will not be entered into the database – it is kept for contact information for the 6 and 12 month follow up evaluations. This form will be stored in a locked filing cabinet at the study site where the participant is enrolled.

1. Participant Name: _____

2. Screening ID: _____

3. Assigned Study ID: _____

4. Date of Birth:

| | | | | | | | |
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5. Gender:

☐

Male

☐

Female

6. Patient Contact Phone Number: _____

7. Patient address: _____

8. Family/Friend contact _____ Relation _____

Phone number: _____

Address: _____

9. Medications: _____

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

CRU-025-DOSE

Plate #012

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

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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:

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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

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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

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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-DOSE

Plate #018

Subject ID:

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Centre

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Patient ID

Visit Date:

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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

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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

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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:

y y y y

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d d

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



CRU-025-DOSE

Plate #023

Baseline #002

Subject ID:

Centre

Patient ID

Visit Date:

yyyy

mm

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1a. Level of Consciousness

- ☐ 0 = 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

1b. LOC Questions

- ☐ 0 = Answers both questions correctly
- ☐ 1 = Answers one question correctly
- ☐ 2 = Answers neither question correctly

1c. LOC Commands

- ☐ 0 = Performs both tasks correctly
- ☐ 1 = Performs one task correctly
- ☐ 2 = Performs neither task correctly

2. Best Gaze

- ☐ 0 = Normal
- ☐ 1 = Partial gaze palsy. This score is given when 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 = No drift, limb holds 90 (or 45) degrees for full 10 seconds
- ☐ 1 = Drift, limb holds 90 (or 45) degrees, but drifts down before full 10 seconds, does not hit bed
- ☐ 2 = Some effort against gravity, limb cannot get to or maintain (if cued) 90 degrees
- ☐ 3 = No effort against gravity, limb fails
- ☐ 4 = No movement A=Amputation or joint fusion, explain: _____



CRU-025-DOSE

Plate #024

Baseline #002

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5. Motor Arm**R L**☐☐

0 = No drift, leg holds 30 degrees for full 5 seconds

☐☐

1 = Drift, leg fails by the end of the 5 second period but does not hit 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 A = Amputation or joint fusion, explain: _____

6. Motor Leg**R L**☐☐

0 = No drift, leg holds 30 degrees for full 5 seconds

☐☐

1 = Drift, leg fails by the end of the 5 second period but does not hit 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 A = Amputation or joint fusion, explain: _____

7. Limb Ataxia☐

0 = Absent

☐

1 = Present in one limb

☐

2 = Present in two limbs

If present check each limb yes or no:

Right arm: ☐ Yes ☐ No A=Amputation or joint fusion, explain: _____Right Leg: ☐ Yes ☐ No A=Amputation or joint fusion, explain: _____Left arm: ☐ Yes ☐ No A=Amputation or joint fusion, explain: _____Left Leg: ☐ Yes ☐ No A=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

☐

2 = Severe to total sensory loss; patient is not aware of being touched in the face, arm and leg



CRU-025-DOSE

Plate #025

Baseline #002

Subject ID:

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9. Best Language☐
☐

0 = No aphasia, normal

1 = Mild to moderate aphasia: some obvious loss of fluency or facility of comprehension without significant limitation on ideas expressed

☐
☐

2 = Responds only with reflex motor or autonomic effects or totally unresponsive, flacid

3 = Mute, global aphasia: no usable speech or auditory comprehension

10. Dysarthria☐
☐

0 = Normal

1 = Mild to moderate: slurs at least some words and at worst can be understood with some difficulty

☐
☐

2 = Severe: patient's speech is so slurred as to be unintelligible in the absence of or out proportion to any dysphasia, or is mute/anarthic

☐

3 = UN=Intubated or any other physical barrier, explain: _____

11. Extinction and Inattention (Neglect)☐
☐

0 = No abnormality

1 = Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities

☐

2 = Profound hemi-inattention or hemi-inattention to more than one modality. Does not recognize own hand or orients to only one side of space



CRU-025-DOSE

Plate #026

Subject ID:

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Patient ID

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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: | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | |
| Communication | | | | |
| N. Comprehension | | | | |
| O. Expression | | | | |
| Social Interaction | | | | |
| P. Social Interaction | | | | |
| Q. Problem Solving | | | | |
| R. Memory | | | | |
| Cognitive Subtotal Score: | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | |
| TOTAL FIM Score: | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
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CRU-025-DOSE

Plate #028

Baseline #002

Subject ID:

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Patient ID

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Godin Leisure Time Exercise Questionnaire

1. During a typical 7-Day period (a week), how many times on the average do you do the following kinds of exercise for more than 15 minutes during your free time (write on each line the appropriate number).

a) STRENUOUS EXERCISE (HEART BEATS RAPIDLY)

squash, basketball, cross country skiing, judo, roller skating, vigorous swimming,
vigorous long distance bicycling)

b) MODERATE EXERCISE (NOT EXHAUSTING)

(e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)

c) MILD EXERCISE (MINIMAL EFFORT)

(e.g., yoga, archery, fishing from river bank, bowling, horseshoes, golf, snow-mobiling, easy walking)

2. During a typical 7-Day period (a week), in your leisure time, how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?

☐

Often

7 Days/week

☐

Sometimes

2-4 Days/week

☐

Never/Rarely

0-1 Days/Week