

 Current Data Access Group: [No Assignment]

 Switch

Data Dictionary Codebook

1. TRAINING Patient Screening and Consent - Measuring and Monitoring Aphasia Services (PID: 2591)

21-05-2024 14:00


Instruments	
Instrument	Form Name
Eligibility Screening	eligibility_screening
Patient Information	patient_information
Patient Information - St Vincent's Hospital	patient_information_st_vincent's_hospital
Patient Information - Metro North Health	patient_information_metro_north_health
Patient Information - Monash Health	patient_information_monash_health
Patient Information - Fremantle Hospital	patient_information_fremantle_hospital
Patient Information - Fiona Stanley Hospital	patient_information_fiona_stanley_hospital
Patient Consent	patient_consent
Patient Consent - St Vincent's Hospital	patient_consent_st_vincent's_hospital
Patient Consent - Metro North Health	patient_consent_metro_north_health
Patient Consent - Monash Health	patient_consent_monash_health
Patient Consent - Fremantle Hospital	patient_consent_fremantle_hospital
Patient Consent - Fiona Stanley Hospital	patient_consent_fiona_stanley_hospital
Consent Checklist	consent_checklist
Researcher only: Patient Change of Consent	researcher_only_patient_change_of_consent
Patient Consent Capacity Change	patient_consent_capacity_change
Patient Withdrawal	patient_withdrawal
Patient Withdrawal - St Vincent's Hospital	patient_withdrawal_st_vincent's_hospital
Patient Withdrawal - Metro North Health	patient_withdrawal_metro_north_health
Patient Withdrawal - Monash Health	patient_withdrawal_monash_health
Patient Withdrawal - Fremantle Hospital	patient_withdrawal_fremantle_hospital
Patient Withdrawal - Fiona Stanley Hospital	patient_withdrawal_fiona_stanley_hospital
Patient Withdrawal - Researcher Declaration	patient_withdrawal_researcher_declaration

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)		
Instrument: Eligibility Screening (eligibility_screening)					
1	[screening_id]	Screening ID	text		
2	[user_dag]	***** The user DAG when first created this record - HIDDEN Field - used for filter by DAG at 'ReCAPS' project - assume the record can never change DAG once created, and DAG name is the same as Screening DAG *****	text Custom alignment: RH Field Annotation: @HIDDEN @DEFAULT='[user-dag-name]'		
3	[today]	Date created	text Field Annotation: @HIDDEN @TODAY		
4	[screen_hospital]	Name of Hospital	radio <table><tr><td>1</td><td>Royal Brisbane and Women's Hospital</td></tr></table>	1	Royal Brisbane and Women's Hospital
1	Royal Brisbane and Women's Hospital				

				2	Surgical, Treatment and Rehabilitation Service										
				3	Brighton Rehabilitation Unit										
				4	Caboolture Hospital										
				5	Redcliffe Hospital										
				6	St Vincent's Hospital Melbourne - Acute Fitzroy										
				7	St Vincent's Hospital Melbourne - Rehab Fitzroy										
				8	St Vincent's Hospital Melbourne - Rehab SGHS										
				9	Monash Medical Centre										
				10	Kingston Centre										
				11	Sir Charles Gairdner Hospital										
				12	Osborne Park Hospital										
				13	Fiona Stanley Hospital										
				14	Fremantle Hospital										
	5	[date_screen]	Screen date	text (date_dmy)											
	6	[date_admit]	Admission date	text (date_dmy)											
	7	[screen_name]	Screened by (initials)	text											
	8	[screen_initials]	Patient initials	text, Required, Identifier Custom alignment: RH Field Annotation: @HIDDEN											
	9	[screen_dob]	Date of birth	text (date_dmy), Identifier Field Annotation: @HIDEBUTTON											
	10	[eligibility]	Section Header: <i>Eligibility criteria</i> Inclusion criteria Exclusion criteria Aphasia as a result of a new stroke Aged 18 years or older at the time of recruitment Can demonstrate capacity to consent (by self or via proxy) Presenting with aphasia resulting from a previous stroke Presenting with a language impairment with an aetiology other than stroke	descriptive											
	11	[screen_eligible]	Eligible?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>			1	Yes	2	No					
1	Yes														
2	No														
	12	[screen_noteligible]	If no, reason <i>Select all that apply</i>	checkbox <table border="1"> <tr> <td>1</td> <td>screen_noteligible__1</td> <td>Patient does not have aphasia</td> </tr> <tr> <td>2</td> <td>screen_noteligible__2</td> <td>Aphasia from previous stroke</td> </tr> <tr> <td>3</td> <td>screen_noteligible__3</td> <td>Aphasia non-stroke</td> </tr> </table>			1	screen_noteligible__1	Patient does not have aphasia	2	screen_noteligible__2	Aphasia from previous stroke	3	screen_noteligible__3	Aphasia non-stroke
1	screen_noteligible__1	Patient does not have aphasia													
2	screen_noteligible__2	Aphasia from previous stroke													
3	screen_noteligible__3	Aphasia non-stroke													
		Show the field ONLY if: [screen_eligible]='2'													


						aetiology						
				4	screen_noteligible__4	Under 18 years old						
				5	screen_noteligible__5	Unable to consent (by self or no proxy)						
	13	[screen_proceeding]	Proceed to consent?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>			1	Yes	2	No		
1	Yes											
2	No											
	14	[screen_notproceeding] Show the field ONLY if: [screen_proceeding]='2'	If no, reason	text								
	15	[screen_noteligible_note] Show the field ONLY if: [screen_eligible]='2' or [screen_proceeding]='2'	Please press Save & Exit Record. No further information required for this patient.	descriptive								
	16	[eligibility_screening_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>			0	Incomplete	1	Unverified	2	Complete
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: Patient Information (patient_information)												
	17	[picf_instruct]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive								
	18	[picf]		descriptive (Attachment: PICF_people with aphasia_MASTER_v4.pdf, Display format: Link)								
	19	[patient_information_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>			0	Incomplete	1	Unverified	2	Complete
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: Patient Information - St Vincent's Hospital (patient_information_st_vincent's_hospital)												
	20	[picf_instruct_svh]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive								

	21	[picf_svh]		descriptive (Attachment: PICF_people with aphasia_SVHM Specific_v1.1_Clean.pdf, Display format: Link)						
	22	[patient_information_st_vincent's_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Information - Metro North Health (patient_information_metro_north_health)										
	23	[picf_instruct_mnh]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive						
	24	[picf_mnh]		descriptive (Attachment: PICF_people with aphasia_MNHSS_v1.pdf, Display format: Link)						
	25	[patient_information_metro_north_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Information - Monash Health (patient_information_monash_health)										
	26	[picf_instruct_mon]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive						
	27	[picf_mon]		descriptive (Attachment: PICF_people with aphasia_Monash Health_v1 - Barcoded.docx, Display format: Link)						
	28	[patient_information_monash_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Information - Fremantle Hospital (patient_information_fremantle_hospital)										
	29	[picf_instruct_fh]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive						
	30	[picf_fh]		descriptive (Attachment: 231156 People with aphasia PICF FH v4_clean.pdf, Display format: Link)						

31	[patient_information_fremantle_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Patient Information - Fiona Stanley Hospital (patient_information_fiona_stanley_hospital)									
32	[picf_instruct_fsh]	Please download and open the Patient Information and Consent Form (PICF) below and view with the patient. Once you reach the Consent Form, return to REDCap and click Next Page to document patient consent	descriptive						
33	[picf_fsh]		descriptive (Attachment: 231158 People with aphasia PICF FSH v5_clean.pdf, Display format: Link)						
34	[patient_information_fiona_stanley_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Patient Consent (patient_consent)  Enabled as survey									
35	[ptconsent_instruct]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
36	[ptconsent_upload]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY						
37	[ptconsent_picf]	Copy of consent form	descriptive (Attachment: PICF_people with aphasia_MASTER_v4.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
38	[ptconsent_date]	Date and time opened <i>No data entry required. This field auto-populates.</i>	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
39	[ptconsent_header2]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
40	[ptconsent_header3]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
41	[ptconsent_investigators]	Investigators Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The	descriptive						

			University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University					
	42	[ptconsent_instructions]	Please mark yes or no for each statement	descriptive				
	43	[ptconsent_q1]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	44	[ptconsent_q2]	I have had the chance to ask questions.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	45	[ptconsent_q3]	I understand that there is no danger in doing this research.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	46	[ptconsent_q4]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	47	[ptconsent_q5]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	48	[ptconsent_q6]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes							


				<div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>
49	[ptconsent_q7]	I understand that my data will be kept for a minimum of twenty five (25) years.	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
50	[ptconsent_q8]	I understand that I can ask to access my data.	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
51	[ptconsent_q9]	I know that when results are shared the researchers will not use my name	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
52	[ptconsent_q10]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
53	[ptconsent_q11]	Information about you, your aphasia care, and outcomes. I agree: Researchers will be given information about my care from my medical chart. I will have aphasia assessments before and after therapy. I understand assessments may take more time than usual care. I understand the assessment will include questions about my improvement after therapy. I understand my speech pathologist will also answer questions about my recovery. I understand I will answer questions about my experience in this research.	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
54	[ptconsent_q12]	I consent to participating in this study	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
55	[ptconsent_q13]	I would like my data to be used for related research in the future	<div>radio, Required</div> <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div> <div>Custom alignment: LH</div>	
56	[ptconsent_name]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH	
57	[pt_initials_site]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-	

				PDF @CALCTEXT(concat(((left([ptconsent_name], 1)), (mid([ptconsent_name], find(' ', [ptconsent_name])+1,1))))))								
	58	[ptconsent_sig]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
	59	[ptconsent_sigproxy]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
	60	[ptconsent_proxyname] Show the field ONLY if: [ptconsent_sigproxy]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
	61	[ptconsent_proxytype] Show the field ONLY if: [ptconsent_sigproxy]<>""	Representative type	dropdown <table border="1"><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other
1	Assigned Medical Officer											
2	Next of Kin											
3	Significant Other											
8	Other											
	62	[ptconsent_proxyother] Show the field ONLY if: [ptconsent_proxytype]='8'	If other, please specify	text Custom alignment: RH								
	63	[ptconsent_findings]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact}	descriptive								
	64	[ptconsent_findingscontact]	Contact	text (email)								
	65	[ptconsent_yes]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
	66	[ptconsent_no]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
	67	[patient_consent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: Patient Consent - St Vincent's Hospital (patient_consent_st_vincent's_hospital)  Enabled as survey												
	68	[ptconsent_instruct_svh]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please	descriptive Field Annotation: @HIDDEN-SURVEY								

			follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey					
	69	[ptconsent_upload_svh]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY				
	70	[ptconsent_picf_svh]	Copy of consent form	descriptive (Attachment: PICF_people with aphasia_SVHM Specific_v1.1_Clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY				
	71	[ptconsent_date_svh]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY				
	72	[ptconsent_header2_svh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive				
	73	[ptconsent_header3_svh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive				
	74	[ptconsent_investigators_svh]	Researchers: Site Principal Investigator Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne	descriptive				
	75	[ptconsent_instructions_svh]	Please mark yes or no for each statement	descriptive				
	76	[ptconsent_q1_svh]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	77	[ptconsent_q2_svh]	I have had the chance to ask questions.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	78	[ptconsent_q3_svh]	I understand that there is no danger in doing this research.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	79	[ptconsent_q4_svh]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	80	[ptconsent_q5_svh]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes							


				<table><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	2	No			
2	No								
81	[ptconsent_q6_svh]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
82	[ptconsent_q7_svh]	I understand that my data will be kept for a minimum of twenty five (25) years.	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
83	[ptconsent_q8_svh]	I understand that I can ask to access my data.	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
84	[ptconsent_q9_svh]	I know that when results are shared the researchers will not use my name	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
85	[ptconsent_q10_svh]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
86	[ptconsent_q11_svh]	Information about you, your aphasia care, and outcomes. I agree: Researchers will be given information about my care from my medical chart. I will have aphasia assessments before and after therapy. I understand assessments may take more time than usual care. I understand the assessment will include questions about my improvement after therapy. I understand my speech pathologist will also answer questions about my recovery. I understand I will answer questions about my experience in this research.	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
87	[ptconsent_q12_svh]	I consent to participating in this study	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								
88	[ptconsent_q13_svh]	I would like my data to be used for related research in the future	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	radio, Required		1	Yes	2	No
radio, Required									
1	Yes								
2	No								

				Custom alignment: LH								
	89	[ptconsent_name_svh]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH								
	90	[pt_initials_site_svh]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(concat((left([ptconsent_name_svh], 1)), (mid([ptconsent_name_svh], find(' ', [ptconsent_name_svh])+1,1))))								
	91	[ptconsent_sig_svh]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
	92	[ptconsent_sigproxy_svh]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
	93	[ptconsent_proxynome_svh] Show the field ONLY if: [ptconsent_sigproxy_svh]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
	94	[ptconsent_proxytype_svh] Show the field ONLY if: [ptconsent_sigproxy_svh]<>""	Representative type	dropdown <table><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other; please specify {ptconsent_proxyoth_svh}</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other; please specify {ptconsent_proxyoth_svh}
1	Assigned Medical Officer											
2	Next of Kin											
3	Significant Other											
8	Other; please specify {ptconsent_proxyoth_svh}											
	95	[ptconsent_proxyoth_svh] Show the field ONLY if: [ptconsent_proxytype_svh]='8'	If other, please specify	text Custom alignment: RH								
	96	[ptconsent_findings_svh]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact_svh}	descriptive								
	97	[ptconsent_findingscontact_svh]	Contact	text (email)								
	98	[ptconsent_yes_svh]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
	99	[ptconsent_no_svh]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
	100	[patient_consent_st_vincent's_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr></table>	0	Incomplete	1	Unverified				
0	Incomplete											
1	Unverified											

				2	Complete				
Instrument: Patient Consent - Metro North Health (patient_consent_metro_north_health) 									
Enabled as survey									
	101	[ptconsent_instruct_mnh]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY					
	102	[ptconsent_upload_mnh]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY					
	103	[ptconsent_picf_mnh]	Copy of consent form	descriptive (Attachment: PICF_people with aphasia_MNHSS_v1.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY					
	104	[ptconsent_date_mnh]	Date and time opened <i>No data entry required. This field auto-populates.</i>	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY					
	105	[ptconsent_header2_mnh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive					
	106	[ptconsent_header3_mnh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive					
	107	[ptconsent_investigators_mnh]	Researchers: Dr Sarah Wallace (1), Dr Sam Harvey (1), Dr Clare Burns (2), Kylie Short (3), Stacey Rand (4), Wendy Luttrell (5), Kate Hacking (6) (1) STARS Education and Research Alliance The University of Queensland and Metro North Health, Queensland, (2) Royal Brisbane & Women's Hospital, (3) Surgical Treatment and Rehabilitation Service, (4) Caboolture Hospital, (5) Redcliffe Hospital, (6) Community and Oral Health	descriptive					
	108	[ptconsent_instructions_mnh]	Please mark yes or no for each statement	descriptive					
	109	[ptconsent_q1_mnh]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH		1	Yes	2	No
1	Yes								
2	No								
	110	[ptconsent_q2_mnh]	I have had the chance to ask questions.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>		1	Yes	2	No
1	Yes								
2	No								

				Custom alignment: LH				
	111	[ptconsent_q3_mnh]	I understand that there is no danger in doing this research.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	112	[ptconsent_q4_mnh]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	113	[ptconsent_q5_mnh]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	114	[ptconsent_q6_mnh]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	115	[ptconsent_q7_mnh]	I understand that my data will be kept for a minimum of twenty five (25) years.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	116	[ptconsent_q8_mnh]	I understand that I can ask to access my data.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	117	[ptconsent_q9_mnh]	I know that when results are shared the researchers will not use my name	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	118	[ptconsent_q10_mnh]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	119	[ptconsent_q11_mnh]	Information about you, your aphasia care, and outcomes. I agree: Researchers will be given information about my care from my medical chart. I will have aphasia assessments before and after therapy. I understand assessments may take more time than usual care. I understand the	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							

			assessment will include questions about my improvement after therapy. I understand my speech pathologist will also answer questions about my recovery. I understand I will answer questions about my experience in this research.									
	120	[ptconsent_q12_mnh]	I consent to participating in this study	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes											
2	No											
	121	[ptconsent_q13_mnh]	I would like my data to be used for related research in the future	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes											
2	No											
	122	[ptconsent_name_mnh]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH								
	123	[pt_initials_site_mnh]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(concat((left([ptconsent_name_mnh], 1)), (mid([ptconsent_name_mnh], find(' ', [ptconsent_name_mnh])+1,1)))))								
	124	[ptconsent_sig_mnh]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
	125	[ptconsent_sigproxy_mnh]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
	126	[ptconsent_proxynome_mnh] Show the field ONLY if: [ptconsent_sigproxy_mnh]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
	127	[ptconsent_proxytype_mnh] Show the field ONLY if: [ptconsent_sigproxy_mnh]<>""	Representative type	dropdown <table><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other
1	Assigned Medical Officer											
2	Next of Kin											
3	Significant Other											
8	Other											
	128	[ptconsent_proxyoth_mnh] Show the field ONLY if: [ptconsent_proxytype_mnh]='8'	If other, please specify	text Custom alignment: RH								
	129	[ptconsent_findings_mnh]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact_mnh}	descriptive								

	130	[ptconsent_findingscontact_mnh]	Contact	text (email)						
	131	[ptconsent_yes_mnh]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
	132	[ptconsent_no_mnh]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
	133	[patient_consent_metro_north_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Consent - Monash Health (patient_consent_monash_health)  Enabled as survey										
	134	[ptconsent_instruct_mon]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	135	[ptconsent_upload_mon]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY						
	136	[ptconsent_picf_mon]	Copy of consent form	descriptive (Attachment: PICF_people with aphasia_Monash Health_v1 - Barcoded.docx, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	137	[ptconsent_date_mon]	Date and time opened <i>No data entry required. This field auto-populates.</i>	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
	138	[ptconsent_header2_mon]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
	139	[ptconsent_header3_mon]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
	140	[ptconsent_investigators_mon]	Researchers: Dr Sarah Wallace (1), Prof David Copland (1), Dr Sam Harvey (1), Dr Caroline Baker (2), Kathryn Potter (2) (1) STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, (2) Speech Pathology Department, Monash Health	descriptive						
	141	[ptconsent_instructions_mon]	Please mark yes or no for each statement	descriptive						

142	[ptconsent_q1_mon]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
143	[ptconsent_q2_mon]	I have had the chance to ask questions.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
144	[ptconsent_q3_mon]	I understand that there is no danger in doing this research.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
145	[ptconsent_q4_mon]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
146	[ptconsent_q5_mon]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
147	[ptconsent_q6_mon]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
148	[ptconsent_q7_mon]	I understand that my data will be kept for a minimum of twenty five (25) years.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
149	[ptconsent_q8_mon]	I understand that I can ask to access my data.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
150	[ptconsent_q9_mon]	I know that when results are shared the researchers will not use my name	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
151	[ptconsent_q10_mon]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes						

			Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	<table><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	2	No					
2	No										
152	[ptconsent_q11_mon]	Information about you, your aphasia care, and outcomes. I agree: Researchers will be given information about my care from my medical chart. I will have aphasia assessments before and after therapy. I understand assessments may take more time than usual care. I understand the assessment will include questions about my improvement after therapy. I understand my speech pathologist will also answer questions about my recovery. I understand I will answer questions about my experience in this research.	<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
153	[ptconsent_q12_mon]	I consent to participating in this study	<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
154	[ptconsent_q13_mon]	I would like my data to be used for related research in the future	<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
155	[ptconsent_name_mon]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH								
156	[pt_initials_site_mon]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(concat((left([ptconsent_name_mon], 1)), (mid([ptconsent_name_mon], find(' ', [ptconsent_name_mon])+1,1))))								
157	[ptconsent_sig_mon]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
158	[ptconsent_sigproxy_mon]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
159	[ptconsent_proxyname_mon] Show the field ONLY if: [ptconsent_sigproxy_mon]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
160	[ptconsent_proxytype_mon] Show the field ONLY if: [ptconsent_sigproxy_mon]<>""	Representative type	dropdown <table><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other
1	Assigned Medical Officer										
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3	Significant Other										
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161	[ptconsent_proxyoth_mon] Show the field ONLY if: [ptconsent_proxytype_mon]='8'	If other, please specify	text Custom alignment: RH						
162	[ptconsent_findings_mon]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact_mon}	descriptive						
163	[ptconsent_findingscontact_mon]	Contact	text (email)						
164	[ptconsent_yes_mon]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
165	[ptconsent_no_mon]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
166	[patient_consent_monash_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Patient Consent - Fremantle Hospital** (patient_consent_fremantle_hospital) Enabled

as survey

167	[ptconsent_instruct_fh]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY
168	[ptconsent_upload_fh]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
169	[ptconsent_picf_fh]	Copy of consent form	descriptive (Attachment: 231156 People with aphasia PICF FH v4_clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY
170	[ptconsent_date_fh]	Date and time opened <i>No data entry required. This field auto-populates.</i>	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY
171	[ptconsent_header2_fh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive
172	[ptconsent_header3_fh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive

173	[ptconsent_investigators_fh]	Researchers: Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University	descriptive				
174	[ptconsent_instructions_fh]	Please mark yes or no for each statement	descriptive				
175	[ptconsent_q1_fh]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
176	[ptconsent_q2_fh]	I have had the chance to ask questions.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes						
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177	[ptconsent_q3_fh]	I understand that there is no danger in doing this research.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes						
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178	[ptconsent_q4_fh]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
179	[ptconsent_q5_fh]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						

				Custom alignment: LH				
	180	[ptconsent_q6_fh]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
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	181	[ptconsent_q7_fh]	I understand that my data will be kept for a minimum of twenty five (25) years.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	182	[ptconsent_q8_fh]	I understand that I can ask to access my data.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
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	183	[ptconsent_q9_fh]	I know that when results are shared the researchers will not use my name	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
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	184	[ptconsent_q10_fh]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
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1	Yes							
2	No							
	186	[ptconsent_q12_fh]	I consent to participating in this study	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							
	187	[ptconsent_q13_fh]	I would like my data to be used for related research in the future	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No
1	Yes							
2	No							

188	[ptconsent_name_fh]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH								
189	[pt_initials_site_fh]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(concat((left([ptconsent_name], 1)), (mid([ptconsent_name], find(' ', [ptconsent_name])+1,1))))								
190	[ptconsent_sig_fh]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
191	[ptconsent_sigproxy_fh]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
192	[ptconsent_proxynome_fh] Show the field ONLY if: [ptconsent_sigproxy_fh]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
193	[ptconsent_proxytype_fh] Show the field ONLY if: [ptconsent_sigproxy_fh]<>""	Representative type	dropdown <table border="1"><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other
1	Assigned Medical Officer										
2	Next of Kin										
3	Significant Other										
8	Other										
194	[ptconsent_proxyoth_fh] Show the field ONLY if: [ptconsent_proxytype_fh]='8'	If other, please specify	text Custom alignment: RH								
195	[ptconsent_findings_fh]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact_fh}	descriptive								
196	[ptconsent_findingscontact_fh]	Contact	text (email)								
197	[ptconsent_yes_fh]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
198	[ptconsent_no_fh]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN								
199	[patient_consent_freemantle_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Patient Consent - Fiona Stanley Hospital** (patient_consent_fiona_stanley_hospital)
Enabled as survey




200	[ptconsent_instruct_fsh]	Patient Consent If completing consent electronically via REDCap, please open this page in survey view If completing consent using a paper form, please upload a copy of the signed consent and manually enter responses in the fields below Please follow the consent process outlined in the Data Collection Manual and the 'Participant Consent' flowchart Please complete the 'Capacity to consent questions' before obtaining consent In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY
201	[ptconsent_upload_fsh]	Upload scanned copy of consent form if a paper form was used	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
202	[ptconsent_picf_fsh]	Copy of consent form	descriptive (Attachment: 231158 People with aphasia PICF FSH v5_clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY
203	[ptconsent_date_fsh]	Date and time opened <i>No data entry required. This field auto-populates.</i>	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY
204	[ptconsent_header2_fsh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive
205	[ptconsent_header3_fsh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive
206	[ptconsent_investigators_fsh]	Researchers: Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University	descriptive
207	[ptconsent_instructions_fsh]	Please mark yes or no for each statement	descriptive


208	[ptconsent_q1_fsh]	The information sheet has been explained to me. I understand what this research is about.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
209	[ptconsent_q2_fsh]	I have had the chance to ask questions.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
210	[ptconsent_q3_fsh]	I understand that there is no danger in doing this research.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
211	[ptconsent_q4_fsh]	I understand the benefits of this research: This may help improve aphasia services This research may not benefit me directly	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
212	[ptconsent_q5_fsh]	I understand that I do not have to participate. It is my choice. I can change my mind at any time.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
213	[ptconsent_q6_fsh]	I understand that information about me will be kept safe and not shared with anyone outside the research team.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
214	[ptconsent_q7_fsh]	I understand that my data will be kept for a minimum of twenty five (25) years.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
215	[ptconsent_q8_fsh]	I understand that I can ask to access my data.	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
216	[ptconsent_q9_fsh]	I know that when results are shared the researchers will not use my name	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	2	No
1	Yes						
2	No						
217	[ptconsent_q10_fsh]	I know that to ask questions I need to contact Dr Sarah Wallace (Speech	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes						


			Pathologist). Phone: 07 3346 7453 Email: s.wallace3@uq.edu.au	<table><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	2	No					
2	No										
218	[ptconsent_q11_fsh]	Information about you, your aphasia care, and outcomes. I agree: Researchers will be given information about my care from my medical chart. I will have aphasia assessments before and after therapy. I understand assessments may take more time than usual care. I understand the assessment will include questions about my improvement after therapy. I understand my speech pathologist will also answer questions about my recovery. I understand I will answer questions about my experience in this research.	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
219	[ptconsent_q12_fsh]	I consent to participating in this study	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
220	[ptconsent_q13_fsh]	I would like my data to be used for related research in the future	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No				
1	Yes										
2	No										
221	[ptconsent_name_fsh]	My name <i>Please provide first and last name only, separated by a space</i>	text, Required, Identifier Custom alignment: RH								
222	[pt_initials_site_fsh]	Participant Initials	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(concat((left([ptconsent_name], 1)), (mid([ptconsent_name], find(' ', [ptconsent_name])+1,1))))								
223	[ptconsent_sig_fsh]	My signature <i>Signed by participant</i>	file (signature), Identifier Custom alignment: RH								
224	[ptconsent_sigproxy_fsh]	Signed on behalf of the patient named above if required	file (signature) Custom alignment: RH								
225	[ptconsent_proxynome_fsh] Show the field ONLY if: [ptconsent_sigproxy_fsh]<>""	Name of patient representative	text, Required, Identifier Custom alignment: RH								
226	[ptconsent_proxytype_fsh] Show the field ONLY if: [ptconsent_sigproxy_fsh]<>""	Representative type	<div>dropdown</div> <table><tr><td>1</td><td>Assigned Medical Officer</td></tr><tr><td>2</td><td>Next of Kin</td></tr><tr><td>3</td><td>Significant Other</td></tr><tr><td>8</td><td>Other</td></tr></table> Custom alignment: RH	1	Assigned Medical Officer	2	Next of Kin	3	Significant Other	8	Other
1	Assigned Medical Officer										
2	Next of Kin										
3	Significant Other										
8	Other										

	227	[ptconsent_proxyoth_fsh] Show the field ONLY if: [ptconsent_proxytype_fsh]='8'	If other, please specify	text Custom alignment: RH						
	228	[ptconsent_findings_fsh]	I would like to receive a written copy of the research findings. My postal/email address is: {ptconsent_findingscontact_fsh}	descriptive						
	229	[ptconsent_findingscontact_fsh]	Contact	text (email)						
	230	[ptconsent_yes_fsh]	Yes	descriptive (Attachment: YES.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
	231	[ptconsent_no_fsh]	No	descriptive (Attachment: NO.png, Display format: Inline image/PDF) Field Annotation: @HIDDEN						
	232	[patient_consent_fiona_stanley_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Consent Checklist (consent_checklist)										
	233	[consent_header]	Please do not leave any fields blank. Admission information to be completed following consent.	descriptive						
	234	[pt_initials]	Participant Initials	text Field Annotation: @READONLY @IF([ptconsent_name]<>"" ,@SETVALUE='[pt_initials_site]', @IF([ptconsent_name_svh]<>"" ,@SETVALUE='[pt_initials_site_svh]', @IF([ptconsent_name_mnh]<>"" ,@SETVALUE='[pt_initials_site_mnh]', @IF([ptconsent_name_mon]<>"" ,@SETVALUE='[pt_initials_site_mon]', @IF([screen_initials]<>"" ,@SETVALUE='[screen_initials]',"")))))						
	235	[gained_consent]	Consent obtained	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: @IF([ptconsent_q1]='2', @HIDECHOICE='1', @IF([ptconsent_q2]='2', @HIDECHOICE='1', @IF([ptconsent_q3]='2', @HIDECHOICE='1', @IF([ptconsent_q4]='2', @HIDECHOICE='1', @IF([ptconsent_q5]='2', @HIDECHOICE='1', @IF([ptconsent_q6]='2',	1	Yes	0	No		
1	Yes									
0	No									

				@HIDECHOICE='1', @IF([ptconsent_q7]='2', @HIDECHOICE='1', @IF([ptconsent_q8]='2', @HIDECHOICE='1', @IF([ptconsent_q9]='2', @HIDECHOICE='1', @IF([ptconsent_q10]='2', @HIDECHOICE='1', @IF([ptconsent_q11]='2', @HIDECHOICE='1', @IF([ptconsent_q12]='2', @HIDECHOICE='1', @IF([ptconsent_q1_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q2_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q3_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q4_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q5_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q6_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q7_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q8_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q9_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q10_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q11_svh]='2', @HIDECHOICE='1', @IF([ptconsent_q12_svh]='2', @HIDECHOICE='1', ""))))))))))))))))))				
	236	[gained_consent_y] Show the field ONLY if: [gained_consent]='1'	Method of consent	radio <table><tr><td>1</td><td>Yes - by self</td></tr><tr><td>2</td><td>Yes - by proxy (VIC or QLD only)</td></tr></table>	1	Yes - by self	2	Yes - by proxy (VIC or QLD only)
1	Yes - by self							
2	Yes - by proxy (VIC or QLD only)							
	237	[gained_consent_n] Show the field ONLY if: [gained_consent]='0'	If no, reason:	text				
	238	[completed] Show the field ONLY if: [gained_consent_y]='1' or [gained_consent_y]='2'	Please mark as Complete and press Save and Exit Form and continue to the patient database to enter clinical information	descriptive				
	239	[noncompleted] Show the field ONLY if: [gained_consent_n] <> ""	Please mark as Complete and press Save and Exit Form. No further information required for this patient.	descriptive				

	240	[consent_checklist_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Researcher only: Patient Change of Consent (researcher_only_patient_change_of_consent)										
	241	[patientchange_researcher]	User	text Field Annotation: @USERNAME						
	242	[patientchange]	Requirement for:	radio <table border="1"> <tr><td>1</td><td>Consent capacity change</td></tr> <tr><td>2</td><td>Withdrawal</td></tr> </table>	1	Consent capacity change	2	Withdrawal		
1	Consent capacity change									
2	Withdrawal									
	243	[researcher_only_patient_change_of_consent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Consent Capacity Change (patient_consent_capacity_change)										
	244	[ptconsentchange_form]	Please upload a copy of the signed patient consent form	file						
	245	[patient_consent_capacity_change_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Withdrawal (patient_withdrawal)  Enabled as survey										
	246	[ptwithdraw_instruct]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	247	[ptwithdraw_upload]	Upload copy of signed withdrawal form	file						
	248	[ptwithdraw_form]	Copy of withdrawal form	descriptive (Attachment: PICF_people with aphasia_MASTER_v4.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	249	[ptwithdraw_date]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
	250	[ptwithdraw_header1]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
	251	[ptwithdraw_header2]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
	252	[ptwithdraw_investigators]	Investigators Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance, The University of Queensland and Metro	descriptive						

			North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University							
	253	[ptwithdraw_info]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive, Required						
	254	[ptwithdraw_name]	Name of Participant	text, Required						
	255	[ptwithdraw_sign]	Signature	file (signature), Required						
	256	[ptwithdraw_signdate]	Date	text (date_dmy), Required						
	257	[ptwithdraw_verbaldesc]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
	258	[patient_withdrawal_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Withdrawal - St Vincent's Hospital (patient_withdrawal_st_vincents_hospital)  Enabled as survey										
	259	[ptwithdraw_instruct_svh]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	260	[ptwithdraw_form_svh]	Copy of withdrawal form	descriptive (Attachment: PICF_people with aphasia_SVHM Specific_v1.1_Clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	261	[ptwithdraw_date_svh]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
	262	[ptwithdraw_header1_svh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System	descriptive						

			Monitoring.							
	263	[ptwithdraw_header2_svh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
	264	[ptwithdraw_investigators_svh]	Researchers: Site Principal Investigator Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne	descriptive						
	265	[ptwithdraw_info_svh]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive						
	266	[ptwithdraw_name_svh]	Name of Participant	text, Required						
	267	[ptwithdraw_sign_svh]	Signature	file (signature), Required						
	268	[ptwithdraw_signdate_svh]	Date	text (date_dmy), Required						
	269	[ptwithdraw_verbaldesc_svh]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
	270	[patient_withdrawal_st_vincent_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Withdrawal - Metro North Health (patient_withdrawal_metro_north_health)  Enabled as survey										
	271	[ptwithdraw_instruct_mnh]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	272	[ptwithdraw_upload_mnh]	Upload copy of signed withdrawal form	file						
	273	[ptwithdraw_form_mnh]	Copy of withdrawal form	descriptive (Attachment: PICF_people with aphasia_MNHSS_v1.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	274	[ptwithdraw_date_mnh]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
	275	[ptwithdraw_header1_mnh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
	276	[ptwithdraw_header2_mnh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
	277	[ptwithdraw_investigators_mnh]	Researchers: Dr Sarah Wallace (1), Dr Sam Harvey (1), Dr Clare Burns (2), Kylie Short (3), Stacey Rand (4), Wendy Luttrell (5), Kate	descriptive						

			Hacking (6) (1) STARS Education and Research Alliance The University of Queensland and Metro North Health, Queensland, (2) Royal Brisbane & Women's Hospital, (3) Surgical Treatment and Rehabilitation Service, (4) Caboolture Hospital, (5) Redcliffe Hospital, (6) Community and Oral Health							
	278	[ptwithdraw_info_mnh]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive						
	279	[ptwithdraw_name_mnh]	Name of Participant	text, Required						
	280	[ptwithdraw_sign_mnh]	Signature	file (signature), Required						
	281	[ptwithdraw_signdate_mnh]	Date	text (date_dmy), Required						
	282	[ptwithdraw_verbaldesc_mnh]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
	283	[patient_withdrawal_metro_north_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Withdrawal - Monash Health (patient_withdrawal_monash_health) Enabled as survey										
	284	[ptwithdraw_instruct_mon]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	285	[ptwithdraw_upload_mon]	Upload copy of signed withdrawal form	file						
	286	[ptwithdraw_form_mon]	Copy of withdrawal form	descriptive (Attachment: PICF_people with aphasia_Monash Health_v1 - Barcoded.docx, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	287	[ptwithdraw_date_mon]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY						
	288	[ptwithdraw_header1_mon]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
	289	[ptwithdraw_header2_mon]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
	290	[ptwithdraw_investigators_mon]	Researchers: Dr Sarah Wallace (1), Prof David Copland (1), Dr Sam Harvey (1), Dr Caroline Baker (2), Kathryn Potter (2) (1)	descriptive						

			STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, (2) Speech Pathology Department, Monash Health							
	291	[ptwithdraw_info_mon]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive						
	292	[ptwithdraw_name_mon]	Name of Participant	text, Required						
	293	[ptwithdraw_sign_mon]	Signature	file (signature), Required						
	294	[ptwithdraw_signdate_mon]	Date	text (date_dmy), Required						
	295	[ptwithdraw_verbaldesc_mon]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
	296	[patient_withdrawal_monash_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: Patient Withdrawal - Fremantle Hospital (patient_withdrawal_fremantle_hospital) 
Enabled as survey

	297	[ptwithdraw_instruct_fh]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY
	298	[ptwithdraw_upload_fh]	Upload copy of signed withdrawal form	file
	299	[ptwithdraw_form_fh]	Copy of withdrawal form	descriptive (Attachment: 231156 People with aphasia PICF FH v4_clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY
	300	[ptwithdraw_date_fh]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY @NOW @READONLY
	301	[ptwithdraw_header1_fh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive
	302	[ptwithdraw_header2_fh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive
	303	[ptwithdraw_investigators_fh]	Researchers: Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance,	descriptive

			The University of Queensland and Metro North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University							
	304	[ptwithdraw_info_fh]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive						
	305	[ptwithdraw_name_fh]	Name of Participant	text, Required						
	306	[ptwithdraw_sign_fh]	Signature	file (signature), Required						
	307	[ptwithdraw_signdate_fh]	Date	text (date_dmy), Required						
	308	[ptwithdraw_verbaldesc_fh]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
	309	[patient_withdrawal_fremantle_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Patient Withdrawal - Fiona Stanley Hospital (patient_withdrawal_fiona_stanley_hospital) 👤 Enabled as survey										
	310	[ptwithdraw_instruct_fsh]	Patient Withdrawal Please open this page in survey view to complete the withdrawal form with the patient In the top right, click Survey options > Open survey	descriptive Field Annotation: @HIDDEN-SURVEY						
	311	[ptwithdraw_upload_fsh]	Upload copy of signed withdrawal form	file						
	312	[ptwithdraw_form_fsh]	Copy of withdrawal form	descriptive (Attachment: 231158 People with aphasia PICF FSH v5_clean.pdf, Display format: Link) Field Annotation: @HIDDEN-SURVEY						
	313	[ptwithdraw_date_fsh]	Date and time opened	text Field Annotation: @HIDDEN-SURVEY						

			@NOW @READONLY						
314	[ptwithdraw_header1_fsh]	Title of Project: Driving High-Value Aphasia Care through Meaningful Health System Monitoring.	descriptive						
315	[ptwithdraw_header2_fsh]	Lay Title: Measuring and Monitoring Aphasia Services	descriptive						
316	[ptwithdraw_investigators_fsh]	Researchers: Marissa Stone The University of Queensland, St Vincent's Hospital Melbourne Sally Zingelman STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Sarah Wallace STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof David Copland STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland A/Prof Monique Kilkenny Monash University A/Prof Erin Godecke Edith Cowan University, Sir Charles Gairdner Hospital Prof Carolyn Unsworth Federation University Dr Kirstine Shrusole Southern Cross University Dr Robyn O'Halloran La Trobe University Dr Muideen Olaiya Monash University Dr Sam Harvey STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Dr Annie Hill STARS Education and Research Alliance, The University of Queensland and Metro North Health, Queensland Prof Deborah Hersh Curtin University	descriptive						
317	[ptwithdraw_info_fsh]	Declaration by Participant I wish to withdraw from participation from this research project. I understand this will not affect my routine care. I understand that this will not affect my relationships with the researchers of The University of Queensland or with hospital staff.	descriptive						
318	[ptwithdraw_name_fsh]	Name of Participant	text, Required						
319	[ptwithdraw_sign_fsh]	Signature	file (signature), Required						
320	[ptwithdraw_signdate_fsh]	Date	text (date_dmy), Required						
321	[ptwithdraw_verbaldesc_fsh]	In the event that the participant's decision to withdraw is communicated verbally, a Researcher must provide a description of the circumstances below.	notes Custom alignment: LV						
322	[patient_withdrawal_fiona_stanley_hospital_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Patient Withdrawal - Researcher Declaration (patient_withdrawal_researcher_declaration)				
	323	[ptwithdraw_research_dec]	Declaration by Researcher An appropriately qualified member of the research team must provide information concerning withdrawal from the research project. I have given a verbal explanation of the implications of withdrawal from the research project, and I believe that the participant has understood that explanation.	descriptive
	324	[ptwithdraw_research_name]	Name of researcher	text, Required
	325	[ptwithdraw_research_sign]	Signature	file (signature), Required
	326	[ptwithdraw_research_date]	Date	text (date_dmy), Required
	327	[patient_withdrawal_researcher_declaration_complete]	Section Header: Form Status Complete?	<div>dropdown<div><div>0</div><div>Incomplete</div></div><div><div>1</div><div>Unverified</div></div><div><div>2</div><div>Complete</div></div></div>