

PARTICIPANT ID: FG-XX-XXXX



## SITE ADMINISTERED QUESTIONNAIRE

Please tick which time point this questionnaire relates to:

Baseline	<input type="checkbox"/>	12 months	<input type="checkbox"/>
Hospital Discharge	<input type="checkbox"/>	15 months	<input type="checkbox"/>
6 weeks	<input type="checkbox"/>	18 months	<input type="checkbox"/>
3 months	<input type="checkbox"/>	21 months	<input type="checkbox"/>
6 months	<input type="checkbox"/>	24 months	<input type="checkbox"/>
9 months	<input type="checkbox"/>		

Date of completion: DD/MM/YYYY

Completed by: (PRINT NAME).....

This document contains the following validated questionnaires:

- Barthel Index
- MOCA Assessment
- MRC Muscle Power Scale
- WHO Performance Status


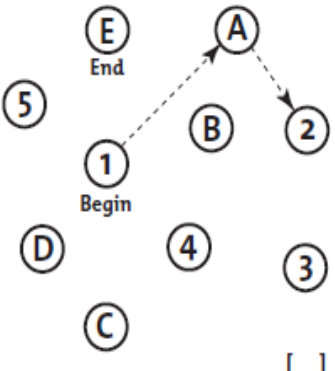
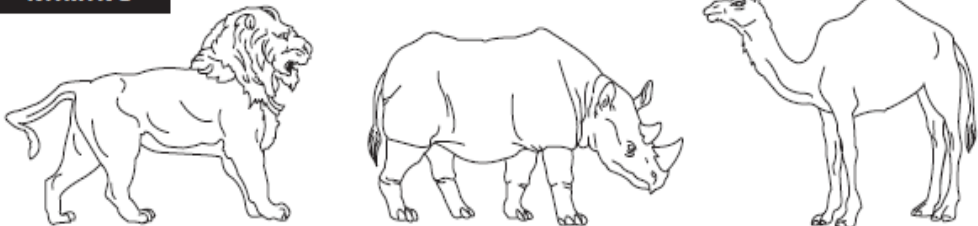
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**BARTHEL INDEX**

Activity	Score
<b>FEEDING</b> 0 = unable 5 = needs help cutting, spreading butter, etc., or requires modified diet 10 = independent	_____
<b>BATHING</b> 0 = dependent 5 = independent (or in shower)	_____
<b>GROOMING</b> 0 = needs to help with personal care 5 = independent face/hair/teeth/shaving (implements provided)	_____
<b>DRESSING</b> 0 = dependent 5 = needs help but can do about half unaided 10 = independent (including buttons, zips, laces, etc.)	_____
<b>BOWELS</b> 0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	_____
<b>BLADDER</b> 0 = incontinent, or catheterized and unable to manage alone 5 = occasional accident 10 = continent	_____
<b>TOILET USE</b> 0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	_____
<b>TRANSFERS (BED TO CHAIR AND BACK)</b> 0 = unable, no sitting balance 5 = major help (one or two people, physical), can sit 10 = minor help (verbal or physical) 15 = independent	_____
<b>MOBILITY (ON LEVEL SURFACES)</b> 0 = immobile or < 50 yards 5 = wheelchair independent, including corners, > 50 yards 10 = walks with help of one person (verbal or physical) > 50 yards 15 = independent (but may use any aid; for example, stick) > 50 yards	_____
<b>STAIRS</b> 0 = unable 5 = needs help (verbal, physical, carrying aid) 10 = independent	_____
<b>TOTAL (0-100):</b>	_____

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**MOCA ASSESSMENT**

<b>VISUOSPATIAL / EXECUTIVE</b>							Copy cube	Draw <b>CLOCK</b> (Ten past eleven) (3 points)	<b>POINTS</b>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			___/5
<b>NAMING</b>							<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			___/3
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points		
		1st trial								
		2nd trial								
<b>ATTENTION</b>	Read list of digits (1 digit/ sec). Subject has to repeat them in the forward order [ ] 2 1 8 5 4 Subject has to repeat them in the backward order [ ] 7 4 2						___/2			
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [ ] FBACMNAAJKLBAFAKDEAAAJAMOFAB						___/1			
	Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt						___/3			
<b>LANGUAGE</b>	Repeat : I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ]						___/2			
	Fluency / Name maximum number of words in one minute that begin with the letter F [ ] ____ (N ≥ 11 words)						___/1			
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler						___/2			
<b>DELAYED RECALL</b>	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only			
		[ ]	[ ]	[ ]	[ ]	[ ]				
<b>Optional</b>	Category cue Multiple choice cue									
<b>ORIENTATION</b>	[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City						___/6			
© Z.Nasreddine MD Version November 7, 2004 www.mocatest.org		Normal ≥ 26 / 30					<b>TOTAL</b> ___/30 Add 1 point if ≤ 12 yr edu			

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**MRC MUSCLE POWER SCALE**

Score	Description
0	No contraction
1	Flicker or trace of contraction
2	Active movement, with gravity eliminated
3	Active movement against gravity
4	Active movement against gravity and resistance
5	Normal power

Please grade the 4 limbs of the patient

Left arm: Right arm: Left leg: Right leg: **WHO PERFORMANCE STATUS**

The WHO performance status classification categorises patients as:

- 0: able to carry out all normal activity without restriction
- 1: restricted in strenuous activity but ambulatory and able to carry out light work
- 2: ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
- 3: symptomatic and in a chair or in bed for greater than 50% of the day but not bedridden
- 4: completely disabled; cannot carry out any self-care; totally confined to bed or chair.

Please circle the WHO Performance status for the patient as at today:

0                      1                      2                      3                      4