

**PLORAS Participant Entry Form (for Study Sites)**

**Predicting Language Outcome and Recovery After Stroke**

**Version: 7.1 | Date: 16.09.2024**

**Notes for Research Practitioner:**

Before completing and transferring this form, please check the following:

* You have completed the PLORAS **consent form** (for participants) or declaration form (for consultees).
* The participant meets all the inclusion criteria, including:
	+ a **visible lesion (>1cm3)** on at least one of their post-stroke brain scans, with the lesion located within cerebral or cerebellar regions;
	+ has/had **aphasia** caused by stroke;
* The participant’s post-stroke brain scan report(s) are ready to be sent.
* You can send the PLORAS team a copy of the participant’s post-stroke brain imaging (CT head and/or MRI head) when they are available.

**This Entry Form has two sections:**

* **Section A: Participant Information**
To be completed, as fully as possible, by Clinical Research Network (CRN) staff.
* **Section B: Participant Interview**
For completion by CRN staff in discussion with the participant (and their consultee or other family/carer/friend/health professional where applicable). If **no one is available to help** or the **questions are found to be upsetting,** please complete what you know and leave the other questions blank.

**Site code:**

**Participant number:**

# Section A: Participant Information

## A1: Relevant neurological details (please complete all fields)

|  |
| --- |
| 1.1. **Date of stroke(s):**  |
| 1.2. **Type of stroke:** □ Haemorrhagic □ Ischemic: Thrombolised? □ Yes □ No |
| 1.3 **Where in the brain was the stroke?** (Please provide as much detail as possible).**NB.** If the stroke was in the **brainstem** or was a **subarachnoid haemorrhage**, **subdural haematoma** or **lacunar stroke**, please contact us before completing the rest of this form. |
| 1.3. Does the participant have another neurological diagnosis? (E.g. Multiple sclerosis, Dementia, Parkinson’s disease, Motor Neurone Disease). | Yes | No |
| 1.4. Has the participant ever had a significant head injury? | Yes | No |
| 1.5. Has the participant ever had encephalitis? | Yes | No |

## A2: Speech and language therapy

|  |  |  |
| --- | --- | --- |
| 2.1 Has the participant been diagnosed with post-stroke aphasia? | Yes | No |
| 2.2. Has the participant been assessed by a speech and language therapist (SLT)? | Yes | No |
| 2.3. Is the participant receiving speech and language therapy for **communication**? | Yes | No |
| If **yes**, please provide the SLT service details (please do not put individuals’ names). |
| Department/clinic name: |
| Email address: |
| Contact number: |
| If **not receiving therapy for communication disorder**, please provide the reason (if known): |
|  |
| 2.4 Do you have access to the participant’s SLT assessments/reports? (If yes, please transfer a copy to the PLORAS team (see our FAQs webpage for details on what/how to transfer). | Yes | No |

## A3: Brain imaging details

Please enter details of all post-stroke brain imaging carried out in the table below. Please use section B5 for any additional entries.

|  |  |  |
| --- | --- | --- |
| **Scan date** | **Scan type (CT or MRI)** | **Hospital where carried out** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## A4: National Institute of Health Stroke Scale (NIHSS) scores

|  |  |
| --- | --- |
| **Admission NIHSS** | **Post-admission** (if available) |
| **Date:**  | **Date:**  |
|  | **Score** (please circle) |  | **Score** (please circle) |
| Best Language | 0 1 2 3 | Best Language | 0 1 2 3 |
| Dysarthria | 0 1 2 UN | Dysarthria | 0 1 2 UN |
| Facial Palsy | 0 1 2 3 | Facial Palsy | 0 1 2 3 |
| Visual | 0 1 2 3 | Visual | 0 1 2 3 |
| Extinction and Inattention | 0 1 2 | Extinction and Inattention | 0 1 2 |
| Motor Leg | Left: 0 1 2 3 4 UN | Right: 0 1 2 3 4 UN | Motor Leg | Left: 0 1 2 3 4 UN | Right: 0 1 2 3 4 UN |
| Motor Arm | Left: 0 1 2 3 4 UN | Right: 0 1 2 3 4 UN | Motor Arm | Left: 0 1 2 3 4 UN | Right: 0 1 2 3 4 UN |

## A5: Other Studies

|  |  |  |
| --- | --- | --- |
| 5.1. Has the participant been enrolled in another study? | Yes | No |
| If **yes**, please provide name of study: |
|  |

## A6: Contact details for friend or family member

|  |  |  |
| --- | --- | --- |
| 6.1. Is there someone else or ideally a person at the same address (other than the participant or consultee listed on the consent form) the participant would like us to contact to discuss the research and their personal information? | Yes | No |
| If **yes**, please provide their details below. Please use **BLOCK CAPITALS** |
| **Full Name:** |
| **Relationship to participant:** |
| **Email:** |
| **Telephone:** |
| 6.2 Has this person verbally consented to the PLORAS Team storing their details and contacting them about the research? | Yes | No |
| 6.3. Has the **participant** given verbal consent for the PLORAS Team to contact this person? | Yes | No |

## A7: Discharge details (for inpatients, if known)

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| --- |
| 7.1 Expected discharge date: |
| 7.2 Expected discharge destination: |

# Section B: Participant Interview

**Note for Research Practitioner:**

Before completing this section, please indicate who will be contributing to the responses.

Tick all that apply:

* **Clinical Research Network (CRN) professional**
* **Participant**
* **Family/carer/friend**
* **Other professional** (specify)

|  |
| --- |
| **Date of interview:**  |

## B1: Languages

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| --- |
| * 1. Which **country** were you **born** in?
 |
| 1.2 Did you **speak English** **fluently** **before** your **stroke?** | Yes | No |
| 1.3 Did you **speak any other languages fluently** **before** your **stroke?** | Yes | No |
| **If yes:** |
| 1.4 **Which other languages** did you speak fluently before your stroke? |
| 1.5 Which was **your best language before** the **stroke?** |

## B2: Speech and language symptoms

|  |
| --- |
| **Speaking** |
| 2.1 Did you have **difficulties** **speaking** at **any time after** your **stroke**? | Yes | No |
| 2.2 Do you have **difficulties speaking now**? | Yes | No |
| **If yes:**  |
| 2.3 **Which** of the following **speaking difficulties do you have?** |
| **Speech doesn’t make sense** (E.g. saying wrong or nonsense words) | Yes | No |
| **Difficulty finding** the **words** I want | Yes | No |
| **Slurred speech** | Yes | No |
| **Understanding speech** |
| 2.4 Did you have **difficulties** **understanding speech** at **any time after** your stroke?  | Yes | No |
| 2.5 Do you have **difficulties understanding speech now**? | Yes | No |
| 2.6 If yes, can you **understand any speech**? | Yes | No |
| **2.7 If yes,** can you **understand**… |
| **Simple** **yes/no questions**? | Yes | No |
| **Simple** **instructions** **with** the help of **body language, gesture or pictures**? | Yes | No |
| **Simple** but not complicated **conversations**? | Yes | No |
| **Reading** |
| 2.8 Did you have **difficulties** **reading** at **any time after** your **stroke**? | Yes | No |
| 2.9 Do you have **difficulties reading now**? | Yes | No |
| **Writing** |
| 2.10 Did you have **difficulties** **writing** at **any time after** your **stroke**? | Yes | No |
| 2.11 Do you have **difficulties writing now**? | Yes | No |

## B3: Other factors affecting communication

|  |
| --- |
| **3.1 Do you have difficulty with any of the following?** |
| **Cognition** (e.g. memory/attention/insight) | Yes | No |
| **Mood** | Yes | No |
| **Fatigue** | Yes | No |
| 3.2 Do you use a **hearing aid?**  | **Yes**  | **No** |
| **If yes:** |
| 3.3 Did you **hear well** with your **hearing aid** **before** the stroke? | Yes | No |
| 3.4 Can you **hear well** with your **hearing aid now**? | Yes | No |
| 3.5 Do you use a **visual aid?** (E.g. glasses) | **Yes** | **No** |
| **If yes:** |
| 3.6 Did you **see well** with your **visual aid** **before** the stroke? | Yes | No |
| 3.7 Can you **see well** with your **visual aid now**? | Yes | No |
| 3.8 Do you use **dentures**? | **Yes** | **No** |
| **If yes:** |
| 3.9 Did you **speak well** with your **dentures before** the stroke? | Yes | No |
| 3.10 Can you **speak well** with your **dentures** **now**? | Yes | No |

## B4: Access to technology

|  |  |  |
| --- | --- | --- |
| 4.1 Can you **access** the internet **somewhere private**? (E.g. at home, at a friend or relative’s house) | Yes | No |
| If **yes**, which of the following can you **access and confidently use,** with support if needed? |
| **Computer** | Yes | No |
| **Laptop** | Yes | No |
| **Tablet device** | Yes | No |
| **Smartphone** | Yes | No |

## B5: Any other relevant information?

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| --- |
| Please use space below to indicate: E.g. Current relevant symptoms that are not mentioned above.E.g. For symptoms that have resolved, how long the symptoms lasted.E.g. Additional scan dates/information. |
|  |