12 Month Clinical Assessment Form

PD COMM Trial Participant Number ☐ ☐ ☐ ☐ ☐	Participant initials: __ __ __
Date of Birth: : ____/ ____ mmm yyyy	Exited PD COMM Trial on: ___ / ___ / ___ dd mmm yyyy

Has the participant died?   No ☐   Yes ☐

If yes, please ensure a Change of Status Form has been completed.
If no, please complete the rest of this form.

Is the participant happy for follow-up data to be supplied?   No ☐   Yes ☐

If no, please ensure a Change of Status Form has been completed.
If yes, please complete the rest of this form.

Weight: .... Kg / St (circle as appropriate)

Hoehn & Yahr Stage: ....

Medication:

Levodopa (LD)?   No ☐   Yes ☐

If yes, which?.................................... Daily dose of LD (mg)? ....

If yes, which?.................................... Daily dose of LD (mg)? ....

E.g. 1 Sinemet 125 tablet = 100mg daily dose (levodopa)

Levodopa/Entacapone combination (ie Stalevo, Sastravi, Stanek, etc)?   ?   No ☐   Yes ☐

If yes, LD daily dose (mg) .... & Entacapone daily dose (mg) ....

Dopamine Agonist?   No ☐   Yes ☐

If yes, which?.................................... Daily dose (mg)?....................................

MAOB inhibitor?   No ☐   Yes ☐

If yes, which?.................................... Daily dose (mg)? ....

Please turn over

COMT inhibitor?   No ☐   Yes ☐

If yes, which?................................   Daily dose (mg)? ....

Other PD Medication?   No ☐   Yes ☐

If yes, what medication? .... Daily dose (mg)? ....

Your patient was randomised to the (please circle):

Lee Silverman Voice Treatment   /   Standard NHS SLT   /   Control group.

Please answer the appropriate question for the participant:

If randomised to the control group, was Speech and Language therapy prescribed in the last 12 months?

No ☐   Yes ☐ if yes, please give details   ....

If randomised to SLT, did they receive <u>additional</u> SLT after completing their trial treatment?

No ☐   Yes ☐ if yes, please give details (including the type of SLT) ....

....

Control group participants may be referred for SLT through your normal mechanisms after the 12 month assessment. Please return the completed original form to BCTU in the freepost envelope provided and file a copy in the Investigator Site File.

Form completed by (print name): ....

Signed: ....   Date: /   /   (dd/mmm/yyyy)

Confidential upon completion

Once complete, store original in Site File and send a copy to BCTU