

ASSESSMENT SCHEDULE AND FORM COMPLETION GUIDELINES



Assessment schedule

Measure		Completed by	Assessment time			
			Baseline	3 months	6 months	12 months
Randomisation Form		Clinician	✓			
Clinical data: Entry Form or 12 month CRF	Education & living arrangements	Clinician	✓			
	Height	Clinician	✓			
	Weight	Clinician	✓			✓
	PD Medication	Clinician	✓			✓
	Hoehn and Yahr stage	Clinician	✓			✓
VHI		Participant	✓	✓	✓	✓
PDQ-39		Participant	✓	✓	✓	✓
QSAD		Participant	✓	✓	✓	✓
EQ-5D-5L		Participant	✓	✓	✓	✓
ICECAP-O		Participant	✓	✓	✓	✓
Resource Usage Questionnaire		Participant		✓	✓	✓
Transition Item		Participant & Carer		✓		
PDQ-Carer		Carer	✓	✓	✓	✓
Adverse Event Log		Clinician		✓*		
Initial Assessment and Treatment Record Form		Speech & Language Therapist		✓**		
Home-Based Therapy Diary		Participant		✓***		

*Only required for participants randomised to a treatment arm.

**Following each therapy session for participants in the two SLT treatment arms only.

*** Completed at home by the participant as recommended in their SLT therapy session.

Paperwork Guidelines

Consent Forms – a copy to the participant/carers, in notes and BCTU; original in the site file.

Randomisation notepad – original in the site file.

All other forms – a copy in the site file and original to BCTU