



PD COMM - Randomisation Form

- Complete parts A, B & C prior to randomising the participant
- Complete part D after the patient has been randomised

Part A: Identifying Details

Title & participants full name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth: DD / MMM / YYYY	NHS number:
Responsible clinician:	Hospital:
Participant's address: Postcode:	Participant's phone number:

Part B: Inclusion/Exclusion Criteria

Hoehn & Yahr Stage: _____

Voice Handicap Index (VHI) Total Score: _____

Participant has idiopathic Parkinson's disease: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reported problems with speech or voice: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Participant has dementia: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Baseline forms have been completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Participant has had SLT in the last 2 years: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Participant can be assessed and treatment commence within 4 weeks: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Any evidence of laryngeal pathology (inc. vocal nodules or history of vocal strain or previous laryngeal surgery): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Has participant provided informed consent: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Consent version used: _____

If any shaded boxes are ticked, the patient is not eligible for randomisation.

Part C: Carer Information

Does the participant have a carer:

Yes No

Has the carer consented to join PD COMM:

Yes No

Carer consent version used: _____

If carer has consented to join PD COMM:
Name & title of Carer:
Date of birth: / / (dd/mmm/yyyy)
Gender: Male Female
Relationship to Participant:

**To randomise please go to www.trials.bham.ac.uk/PDCOMMTrial (24Hr)
or call 0800 953 0274 (Mon – Fri, 9 - 5) (excluding university holidays)**

Part D: Trial Details

Date of Randomisation: DD / MMM / YYYY PD COMM trial number:

Treatment Allocation:

Lee Silverman Voice Training	<input type="checkbox"/>	Please inform SLT
Standard NHS SLT	<input type="checkbox"/>	Please inform SLT
Control (no therapy)	<input type="checkbox"/>	

Name of person completing form:

Signed: Date: DD / MMM / YYYY

Confidential upon completion

File the original in Site File once complete.
DO NOT send a copy to the PD COMM Trial Office.