

PD COMM Trial Participant

Trial No: P \_\_\_\_\_ Initials: \_\_\_\_\_

DOB: M M M / Y Y Y Y

# LSVT Home Based Therapy Diary

**Week 1 / 2 / 3 / 4** (please circle)



## Participant Completion Guidelines:

Please complete one form for each week of the four weeks that you will practise LSVT at home.

On any given practice day, you may be asked to practice once, or twice. The first practice session of a day is referred to as 'set 1', the second practice session on the same day is referred to as 'set 2'

For each day of Home Based Therapy (HBT), please complete a column:

- If a task was not prescribed by your therapist for that day (either set 1 or set 2), please write '**N/A**' (**not applicable**)
- If a task was prescribed by your therapist, but you did not attempt it (either set 1 or set 2) please **write N/D (not done)** in the box
- Please answer all questions in each column even if they are N/A (Not prescribed) or N/D (Not done).

Each week you attend your appointments please ensure you bring your completed diary for that week.

## Definitions of Terms

**Date of HBT:** Please give the date the Home Based Therapy is attempted.

**Is this a treatment day:** Please let us know if this was on a day when you also have had a LSVT session with a therapist or companion software.

**Is HBT being performed in the "on" state:** Please let us know if your symptoms were controlled by your Parkinson's Disease (PD) medication at the time of HBT. If you are not taking medication for your PD, please circle 'no'.

**"Ah" duration:** Please record the amount of time you could say "Ah" for (sum of the 6 repetitions). If the time is unavailable, please use a tick to show that the task was performed but with no time recorded. If the task was not attempted, please write N/D.

**High/low pitch sustain:** Please record the number of attempts made trying to reach your highest and lowest pitch sustains (held for 5 secs).

**Number of functional phrases or sentences read aloud:** Please complete this exercise and record the number of phrases or sentences spoken aloud.

**Reading aloud:** Please record in minutes the time spent reading aloud at a level recommended by your therapist.

**Conversation time:** Please record in minutes how much time you have been using your LOUD voice in conversation. If the time is unavailable, please use a tick to show that the task was performed but with no time recorded. If the task was not attempted, please write N/D.

**Carryover assignment:** Your therapist should provide you with a carryover assignment as part of your home based practice. Did you attempt this? Please answer with yes or no, by circling the Y (yes) or N (no).

**Total time spent on HBT practice:** Please provide the total time you spent doing your home based therapy for each set.

Name of Therapist:														
Date	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY	DD / MMM / YYYY
Is this a treatment day?	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle
Is Home Based Therapy being performed in the "on" state?	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle
	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>	<b>Set 1</b>	<b>Set 2</b>
Total duration (in seconds) saying "Ah" over six attempts	secs	secs	secs	secs	secs	secs	secs	secs	secs	secs	secs	secs	secs	secs
Number of <b>attempts</b> made to reach your highest pitch and hold it for 5 seconds.														
Number of <b>attempts</b> made to reach your lowest pitch and hold it for 5 seconds.														
Number of functional phrases or sentences read aloud														
Time spent reading aloud at a level recommended by your speech therapist(in minutes)	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins
Conversation time (in minutes)	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins
Carryover assignment performed?	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle	Y / N Please circle
Total time (in minutes) spent on HBT practice	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins	mins

PD COMM is funded by the National Institute for Health Research's HTA Programme. Managed by the Birmingham Clinical Trials Unit (BCTU).  
Sponsored by the University of Birmingham. [www.birmingham.ac.uk/BCTU](http://www.birmingham.ac.uk/BCTU). PD COMM has received approval from the Coventry & Warwick Multi-centre Research Ethics Committee and approval of the Research and Development Department relating to your Health Trust, Hospital and Consultant.