

PD COMM Trial Participant

Trial No: P_____ Initials: _____

DOB: M M M / Y Y Y Y

Standard NHS SLT Home Based Therapy Diary



Participant Completion Guidelines:

Your Speech & Language Therapist (SLT) may ask you to complete some home based therapy (HBT) tasks; these are described in the blue column in the table on the following page.

Please record the number of minutes you practised these tasks that day in the yellow columns on the following page.

If you did not practise the task, please write 0 in the box.

If you cannot remember whether you completed a task on a given day, please write "UKN" or "unknown" in the box.

Please complete one form for each week that you practise exercises prescribed by your SLT and give your completed form to your SLT at the next therapy session.

Speech and Language Therapist Completion Guidelines:

This diary should be completed for each week of trial treatment, even if no practise at home has been prescribed to the participant.

If, what and how much HBT you prescribe is not stipulated by the PD COMM protocol and instead should be according to practice locally.

Please complete the participant's detail in the space provided above.

Please complete all of the questions on the blue column at the end of the table on the following page.

If HBT was prescribed, please describe the tasks that the participant is to complete over the week in the space provided on the blue column. If relevant, include the number of times per week they are expected to be completed. If you have prescribed more than 6 tasks for the week, please use an additional NHS HBT diary form to record this information.

All questions will be queried if not complete, therefore please ensure all questions are answered before returning the form to the Birmingham Clinical Trials Unit.

The participant is to complete the yellow columns (unless no HBT was prescribed for that week).

HBT tasks given	Date of HBT	Date of HBT	Date of HBT	Date of HBT	Date of HBT	Date of HBT	Date of HBT
	dd/mmm/yy	dd/mmm/yy	dd/mmm/yy	dd/mmm/yy	dd/mmm/yy	dd/mmm/yy	dd/mmm/yy
1.							
2.							
3.							
4.							
5.							
6.							

Was HBT prescribed?	Y / N (please circle)
What was the date of the session that the HBT was prescribed/not prescribed:	DD / MMM / YYYY
Name of therapist who set the HBT tasks:	
Is this the last HBT form to be expected?	Y / N (please circle)

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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.

