Training and certification on REDCap

for the 7 scales on the Medical University of South Carolina REDCap website
to be used in the VERIFY Study within the StrokeNet clinical trial network

Validation of Early Prognostic Data for Recovery Outcome after Stroke for Future, Higher Yield Trials

The 7 scales on the Medical University of South Carolina REDCap website

1. Motor Activity Log-14 (amount of use)
2. 10-Meter Walk Test
3. EQ-5D (EuroQoL-5D)
4. Geriatric Depression Scale-15Q
5. NeuroQoL-Anxiety-8Q
6. Star Cancellation Test
7. Pain Visual Analog Scale

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Motor Activity Log-14 (amount of use)

- The Motor Activity Log (MAL) is semi-structured interview that collects patient reported outcomes to assess the paretic arm.
- There are 14 questions.
- Each question is scored using a 6-point ordinal scale.
- Several versions of the MAL exist; VERIFY uses only the version that
  - measures the amount of use of the paretic arm and
  - uses 14 questions to generate a score.

Motor Activity Log-14 (amount of use)

Instructions

- The printed 6-level scale (see next page) is placed in front of subject during test administration.
- The subject is instructed that they are to give a rating based on their actual performance using the stroke-affected arm, not what they think that they can do.
- The subject is informed that their rating is to be based on their previous week's activities.
- Input from a caregiver or other person, known as a proxy response, is not permitted—only the patient's responses are scored here.
- Read aloud each of the 6 scale levels with the subject before starting; do so again before each of the first 5 questions; and repeat this thereafter before the remaining questions, as appropriate.
- The subject is informed that they can give half scores, e.g., the score can be 2.5 or 3.5, in addition to whole numbers, e.g., 0 or 4.
- Only enter UN if an item is **truly impossible** for the subject to carry out **for non-stroke reasons,** e.g., can't comb hair because bald.

This is the 6-level scale placed in front of subject during testing

MAL-14 AMOUNT OF USE SCALE

0 My weaker arm was not used during that activity. (***not used***)

1 My weaker arm was occasionally used during that activity. (***used very rarely***)

2 My weaker arm was sometimes used during that activity, but my stronger arm did most of the work. (***used rarely***)

3 My weaker arm was used about half as much as before the stroke during that activity. (***used 1/2 pre-stroke amount)***

4 My weaker arm was used almost as much as before the stroke. (***used 3/4 pre-stroke amount***)

5 My weaker arm used as much as before the stroke. (***used same as pre-stroke amount***)

These are the 14 items on the MAL-14

Item	Amount of use by stroke-affected arm [0-5]
1. Hold a book	
2. Use a towel	
3. Pick up a glass	
4. Brush teeth	
5. Shave or apply makeup	
6. Open a door with a key	
7. Write or type	
8. Steady yourself	
9. Put your arms through clothing	
10. Carry an object	
11. Grasp a fork or spoon	
12. Comb your hair	
13. Pick up a cup (with a handle)	
14. Button your clothes	

The examiner says: "*Over the past week, how much have you used the arm affected by stroke to hold a book? The choices are*

0, my weaker arm was not used to hold a book
1, my weaker arm was occasionally used to hold a book
2, my weaker arm was sometimes used to hold a book
3, my weaker arm was used about half as much as before the stroke to hold a book
4, my weaker arm was used almost as much as before the stroke to hold a book
5, my weaker arm used as much as before the stroke to hold a book"

The patient listens to the question, looks at the sheet in front of them, and then gives a score from 0-5, noting that 1/2 scores are permitted.

Then the examiner says: "*Over the past week, how much have you used the arm affected by stroke to use a towel? The choices are*

0, my weaker arm was not used to hold a book," etc

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10-Meter Walk Test

Description: The 10-Meter Walk Test is a measure of functional mobility, recorded as gait speed. Gait is a critically important aspect of human function that is related to effective functioning in the community. Accurate measurement of gait speed requires attention to many details.

The following 10 sections provide instructions for scoring the 10-meter walk test, and an 11th section provides instructions for scoring the Functional Ambulation Category:

1. Equipment Needed
2. Set-Up Of The Course
3. What Subjects Can Wear And Use
4. What Physical Assistance Is Allowed During Testing
5. Test Administration
6. Verbal Directives
7. Recording The Time: First Trial
8. Recording The Time: Second Trial
9. Recording Outcomes
10. 10-Meter Walk Test Score Sheet
11. Functional Ambulation Category

10-Meter Walk Test

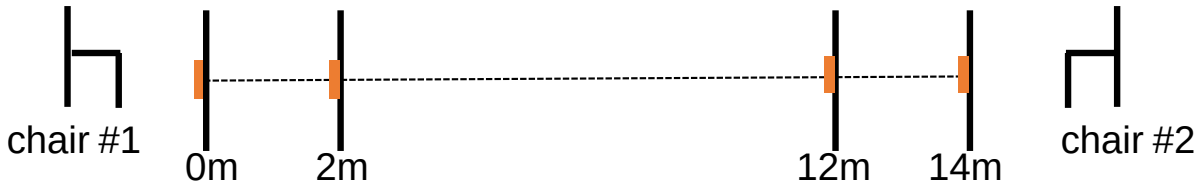
1. Equipment Needed:

- 2 chairs
- Digital stopwatch with hundredths of a second resolution (will be provided by VERIFY team)
- A tape measure
- Bright-colored masking tape
- Open hallway or space that is >14 meters long

10-Meter Walk Test

2. Set-Up Of The Course:

- Use a long hallway or other open space that is free from distractions or traffic.
- The course should be straight, level, and flat; and have no turns or corners.
- The total length of the actual testing course is 14 meters; the chairs sit beyond the course and so a hallway >14 meters is needed.
- Use bright-colored masking tape to mark four lines on the course at 0, 2, 12 and 14 meters, as per below; the dashed line in the figure below is just for this illustration--do **not** place tape along the dashed line. Similarly, do not write the numbers, e.g., 0m or 2m, on the ground.
- Ideally, you can use the same course over time and so the 4 masking tape markers can stay in place across sessions.



10-Meter Walk Test

3. What Subjects Can Wear And Use:

- Subjects are to wear normal supportive foot apparel; if slippers are worn, they must be well-fitting and not floppy or so slippery that the patient is at increased risk of falling.
- Subjects may wear any orthotic device(s) that they normally wear, such as an ankle foot orthosis (“AFO”).
- Subjects may use any assistive device that they normally use for balance and/or stability, such as a cane or a walker. Note is made on the case report form if the subject used any assistive device or bracing.

10-Meter Walk Test

4. What Physical Assistance Is Allowed During Testing:

- ALLOWED: Physical assistance with ambulation from one person, such as a therapist.
- ALLOWED: A single person, such as a therapist, may walk aside or behind the subject to provide assistance for safety, but this assistance specifically cannot include advancing either of the subject's legs.
- Note: Functional Ambulation Category will also be scored and will capture amount of assistance.
- NOT ALLOWED: Physical assistance with ambulation from two or more persons. If such assistance is needed, the subject is considered non-ambulatory, further testing is not performed, and the maximum score of 300.00 seconds is entered. To be clear, such a subject is not labeled as untestable. Instead, the subject is labeled as testable, with test results being that the subject is non-ambulatory and is assigned a score of 300.00 seconds on both trials.
- NOT ALLOWED: An examiner, such as a therapist, advancing the subject's leg. If a subject cannot advance both of their own legs without help, further testing is not performed. Instead, such a subject is labeled as testable, but because the subject is non-ambulatory, they are assigned the maximum score of 300.00 seconds, which is entered for both trials.

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10-Meter Walk Test—key safety point

Given that assistance for safety is sometimes needed:

- The study coordinator may perform gait testing only if the patient has already been specifically cleared to walk independently by an OT or PT.
- Otherwise, a licensed OT or PT should assist the study coordinator with performing the gait testing to ensure patient safety.

10-Meter Walk Test

5. Test Administration:

- Seat the subject in the 0-meter chair during instructions.
- Show the subject the start and stop points, i.e., the markers that are 14 meters apart.
- When ready to begin testing, **the subject starts in a standing position at the 0-meter line**.
- Instruct the subject to walk to the 14-meter chair after you give the “Ready and Go” signal.
- NOT ALLOWED: Talking during walking. Neither examiner nor subject should talk during testing.
- NOT ALLOWED: Encouragement during walking. **During walking, do not encourage the subject** in anyway.
- Do not mention the 4 tape locations on the floor--only the location of the 14-meter chair.
- **At all times, patient safety is the number one priority**. If you cannot test gait safely using the above rules, do not score the 10-meter walk test; such a subject would be labeled as non-ambulatory and assigned the maximum score of 300.00 seconds.
- Subjects should not run to achieve a good score, rather, subjects should walk at their usual or normal pace.

VERIFY

10-Meter Walk Test

6. Verbal Directives:

- WHEN THE SUBJECT IS SEATED, say:
  "You are going to walk to the far chair, which is a distance of 10 meters, or just over 30 feet. You should walk at your usual or normal pace. Do you have any questions?"
- WHEN THE SUBJECT IS STANDING AT THE 0-METER LINE and is ready to start, say:
  "*Remember, you are going to walk to the far chair at your usual or normal pace once I say the start command of 'Ready and Go'.*"
- CONFIRM THE SUBJECT IS READY AND THEN SAY
  "*Ready and Go*"

10-Meter Walk Test

7. Recording The Time: First Trial

After you say “Ready and Go”:

- START THE STOPWATCH the moment that any part of the subject’s foot first crosses the 2-meter line.
- STOP THE STOPWATCH the moment any part of the subject’s foot crosses the 12-meter line.
- RECORD THE TIME IN SECONDS (using hundredths of a second resolution). This is the time in seconds that it took for the subject to travel between the 2-meter and the 12-meter lines.
- EXAMPLES OF ACCEPTABLE VALUES: Times such as 30.15 sec or 152.03 sec are acceptable because they have hundredths place values.
- NOT ACCEPTABLE VALUES: Times such as 57 sec, 30.2 sec, or 152.0 sec are NOT acceptable because they lack hundredths place values.

10-Meter Walk Test

8. Recording The Time: Second Trial

- ALLOW a 2-minute rest in the 14-meter chair before starting the second trial.
- T**he subject starts in a standing position at the 14-meter line**.
- Start the stopwatch the moment that any part the subject's foot crosses the 12-meter line and stop the stopwatch the moment that any part of the subject's foot crosses the 2-meter line.
- Record the time in seconds (at hundredths of a second resolution) it took the subject to travel from the 12-meter line to the 2-meter line.

10-Meter Walk Test

9. Recording Outcomes:

- Record values from both trials onto the score sheet on the case report form.
- If the subject cannot take even one step, they are non-ambulatory; record the time as maximum time (300.00 seconds).
- If the subject takes longer than 5 minutes (300.00 seconds) to complete the test, stop testing at 5 minutes and record a time of 300.00 seconds.
- If an attempt cannot be made to evaluate gait velocity testing, leave both boxes for # seconds BLANK and then record the reason for not testing under 'General Comments'
- Remember, it is critical to **distinguish subjects who are assessed and are very slow or unable to walk or unable to walk safely** (enter 300.00 seconds) **from subjects in whom gait evaluation cannot take place** (enter 9999).

10-Meter Walk Test

10. Score Sheet for the 10-Meter Walk Test

 # seconds on Trial 1 (enter to hundredths of a second) _____

 # seconds on Trial 2 (enter to hundredths of a second) _____

Assistive device and/or bracing used? __ Yes __ No

If an attempt cannot be made to evaluate gait velocity, please provide explanation here:

_____

_____

_____

10-Meter Walk Test

11. Functional Ambulation Category

Rating	Category	Short Description	Full Description
0	Nonfunctional Ambulation	Not able to safely walk with only one person assisting	Cannot ambulate, ambulates in parallel bars only, or requires supervision or physical assistance from more than one person to ambulate safely outside of parallel bars
1	Physical Assistance Level II	Requires continuous physical assistance from one person to partially support body weight	Requires manual contact of no more than one person during ambulation on level surfaces to prevent falling. Manual contacts are continuous and necessary to support body weight as well as maintain balance and/or assist coordination
2	Physical Assistance Level I	Requires assistance to prevent a fall or injury one or more times during testing	Requires manual contact of no more than one person during ambulation on level surfaces to prevent falling. Manual contact consists of continuous or intermittent light touch to assist balance or coordination
3	Supervision	Requires contact guarding, stand-by assistance or supervision, typically due to unsteadiness	Can physically ambulate on level surfaces without manual contact of another person but for safety requires standby guarding on no more than one person because of poor judgment, questionable cardiac status, or the need for verbal cuing to complete the task
4	Independent Level Surfaces	Participant would be safe walking through testing area alone with no one else around	Can ambulate independently on level surfaces

- In addition to recording the data on the Score Sheet for the 10-Meter Walk Test, please rate the patient's functional ambulation by selecting a category, scored from 0-4.
- Note that patients requiring physical assistance with ambulation from two or more persons have a functional ambulation rating of 0, in addition to being assigned maximum score of 300.00 seconds on 10-meter walk trials

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EQ-5D (EuroQoL 5-D)

- The EQ-5D is a measure of health-related quality of life that assesses five dimensions of health, plus a 6th query that measures overall health.
- The examiner reads instructions to the patient. The patient gives responses, which the examiner then records on the case report form.
- First, say to the patient: "*I am going to read some questions to you. Each question has a choice of five answers. Please tell me which answer best describes your health TODAY*".
- The patient is permitted to give only one response for each of the 5 questions.
- Input from a caregiver or other person, i.e., "proxy responses," are not permitted—only the patient's responses are scored here.
- For each of the 5 questions, read the prompt, then read all 5 responses. The patient then selects which of the responses is correct, and this answer is recorded.

EQ-5D

- Thus, for the first question, the examiner says "*Please tell me which answer best describes your mobility TODAY. Would you say that*
  You have no problems walking?
  You have slight problems walking?
  You have moderate problems walking?
  You have severe problems walking?
  You are unable to walk?"
- Ask the patient to choose which applies to themself and then mark the patient's response on the case report form.
- Do this the same way for the remaining 4 questions; that is, read the prompt (e.g., "Please tell me which answer best describes your self-care TODAY. Would you say that...") then read all 5 choices.
- Remember to regularly remind the patient that the timeframe is TODAY.
- If the patient has difficulty regarding which response to choose, or asks for clarification, the interviewer should repeat the question word for word and ask the patient to answer in a way that most closely resembles their thoughts about their health today.

EQ-5D--Visual Analog Scale

- After all 5 questions are scored for the EQ-5D, proceed to the EQ-5D Visual Analog Scale (VAS). This is a 6th query that measures the patient's rating of their overall health.
- The examiner says: "*Now, I would like to ask you to say how good or bad your health is TODAY*."
- The examiner then says "*I would like you to try to rate your health like a thermometer, using this scale*".
- The examiner shows the patient the VAS scale, with the writing and numbers facing the patient (so that the patient can read it). The page is placed at the patient's midline, which is important to avoid introducing any left-right spatial bias. To do this, line the thermometer up with the patient's umbilicus.
- "*The best health you can imagine is marked 100 at the top of the scale, and the worst health you can imagine is marked zero at the bottom of the scale*."
- The examiner then says: "*I would now like you to use this pen to show me the point on this scale where you would put your health TODAY. Make an X to show where you would score your health TODAY.*"
- The examiner hands the patient an uncapped red Sharpie pen. The patient can use either hand to make their mark on the scale.
- Once the patient marks their score, the examiner writes down that score value on the case report form, using a whole number from 0 to 100.

This is the EQ-5D

For each question, please check the ONE box that best describes the patient's health TODAY.

MOBILITY

- I have no problems walking ❑
- I have slight problems walking ❑
- I have moderate problems walking ❑
- I have severe problems walking ❑
- I am unable to walk ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

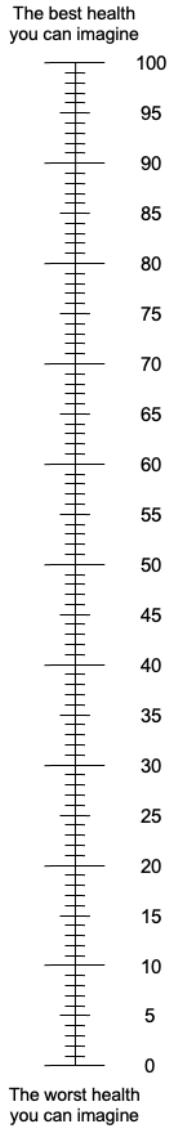
PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

This is the EQ-5D VAS



This is the EQ-5D

For each question, please check the ONE box that best describes the patient's health TODAY.

MOBILITY

- I have no problems walking ❑
- I have slight problems walking ❑
- I have moderate problems walking ❑
- I have severe problems walking ❑
- I am unable to walk ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

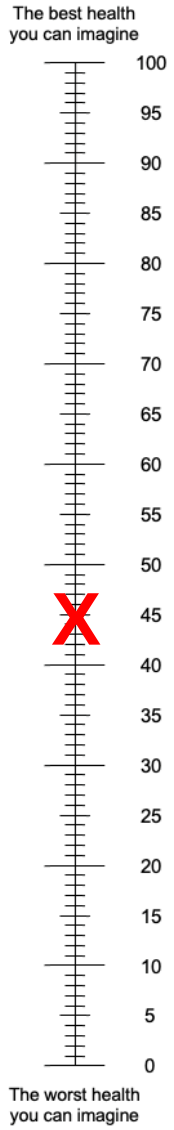
PAIN / DISCOMFORT

- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

This is the EQ-5D VAS



On this EQ-5D VAS, the patient's score is recorded as 45.

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Geriatric Depression Scale (GDS)

Instructions

- The GDS is a patient reported outcome that assesses depression. It has been validated in patients of all ages with stroke.
- Several versions of the GDS exist; use only the current 15-question version in the VERIFY study.
- The subject is instructed as follows: "*You will be asked some questions about your mood. Please answer Yes or No to each question*. *Choose the best answer for how you have felt OVER THE PAST WEEK*."
- Input from a caregiver or other person, i.e., "proxy responses," are not permitted—only the patient's responses are scored here.
- Read aloud each of the 15 questions. After each one, ask the patient for a Yes or No response based on the past week.
- Do not hand the form to the patient, and do not let the patient read the questions. This scale is scored by having the examiner (a) read the questions aloud and then (b) record the patient's responses onto the case report form.

This is the GDS

Geriatric Depression Scale
15 question version

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Are you in good spirits most of the time? YES / NO
6. Are you afraid that something bad is going to happen to you? YES / NO
7. Do you feel happy most of the time? YES / NO
8. Do you often feel helpless? YES / NO
9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
10. Do you feel you have more problems with memory than most? YES / NO
11. Do you think it is wonderful to be alive now? YES / NO
12. Do you feel pretty worthless the way you are now? YES / NO
13. Do you feel full of energy? YES / NO
14. Do you feel that your situation is hopeless? YES / NO
15. Do you think that most people are better off than you are? YES / NO

VERIFY

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NeuroQoL-Anxiety-8Q

- The overall NeuroQoL (Quality of Life in Neurological Disorders) is a measurement system that evaluates and monitors the effects experienced by people living with a neurological condition, such as stroke.
- There are many dimensions captured by the full NeuroQoL scale. The VERIFY Study will only score only one of these dimensions: the NeuroQoL anxiety scale.
- NeuroQoL is a patient reported outcome that captures health-related quality of life.
- Different versions of the NeuroQoL-Anxiety scale are available. The VERIFY Study will use the (a) 8 question version that is (b) administered by the examiner using (c) the paper case report form provided by the study.
- Patients are instructed to answer all items to the best of their ability.
- Patients are asked to respond to each question by selecting the one best answer.
- Responses should be based ON THE PAST WEEK.
- Input from a caregiver or other person, i.e., “proxy responses,” are not permitted—only the patient’s responses are scored here.

NeuroQoL-Anxiety-8Q

- For each of the 8 questions, read the stem (“past 7 days”), then the question, and then the 5 possible responses.
- For example, for the first question, the examiner says: “*Which of the following best applies to you? In the past 7 days, I felt uneasy: Never, Rarely, Sometimes, Often, or Always?*”
- Then for the second question, the examiner says: “*Which of the following best applies to you? In the past 7 days, I felt nervous: Never, Rarely, Sometimes, Often, or Always?*”; and so forth through the 8 questions.

This is the NeuroQoL-Anxiety-8Q

The examiner should check one box in each row.

In the past 7 days…	Never	Rarely	Sometimes	Often	Always
I felt uneasy……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I felt nervous……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Many situations made me worry……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My worries overwhelmed me……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I felt tense……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I had difficulty calming down……..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I had sudden feelings of panic……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I felt nervous when my normal routine was disturbed……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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Star Cancellation Test

- The Star Cancellation Test is an exam-based measure that detects unilateral spatial neglect.
- Only the study forms that are provided should be used.
- The Star Cancellation Test is a piece of paper that has 56 small stars mixed with 52 large stars, 13 letters, and 10 short words;
  - ➢ two of the small stars (bottom center) are used for demonstration; and
  - ➢ the patient must cross out the remaining 54 small stars using the red Sharpie provided by the examiner.
- The test is to be completed by the patient only, with no help from anyone else, i.e., no proxy responses are permitted.
- The page is placed at the patient's midline.
  - ➢ This is CRITICALLY important to avoid introducing any left-right spatial bias.
  - ➢ The best way to be sure of this is that the letter "M" at the bottom center of the form marks the Midline of the testing form, and it should line up with the patient's Midline, i.e., with their navel.

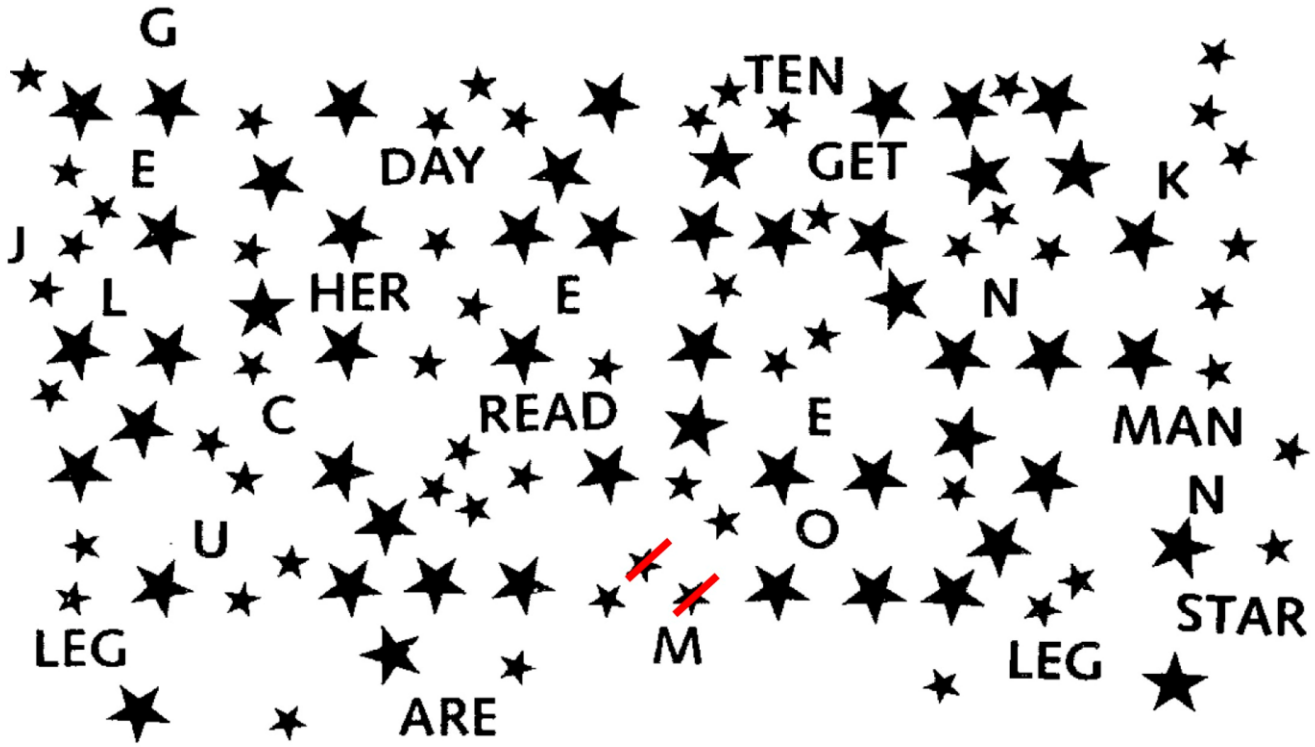
Star Cancellation Test

- The subject is instructed as follows: "*On this page, there are different symbols and words and letters. I would like you to cross off all the small stars. Don't cross off any of the other things, just the small stars. Cross off all the small stars, like this*."
- Then the examiner uses the red Sharpie to cross off the 2 small stars right above the letter M.
- Do not cross off 0 or 1 small stars for some patients—cross off 2 small stars in all cases.
- Do not cross off 2 random small stars, only the 2 that are specifically indicated on the next page.

Star Cancellation Test

- The subject is instructed as follows: "*On this page, there are different symbols and words and letters. I would like you to cross off all the small stars. Don't cross off any of the other things, just the small stars. Cross off all the small stars, like this*."
- Then the examiner uses the red Sharpie to cross off the 2 small stars right above the letter M.

- <u>This is how it appears after the examiner has crossed off the 2 small stars above the letter M.</u>



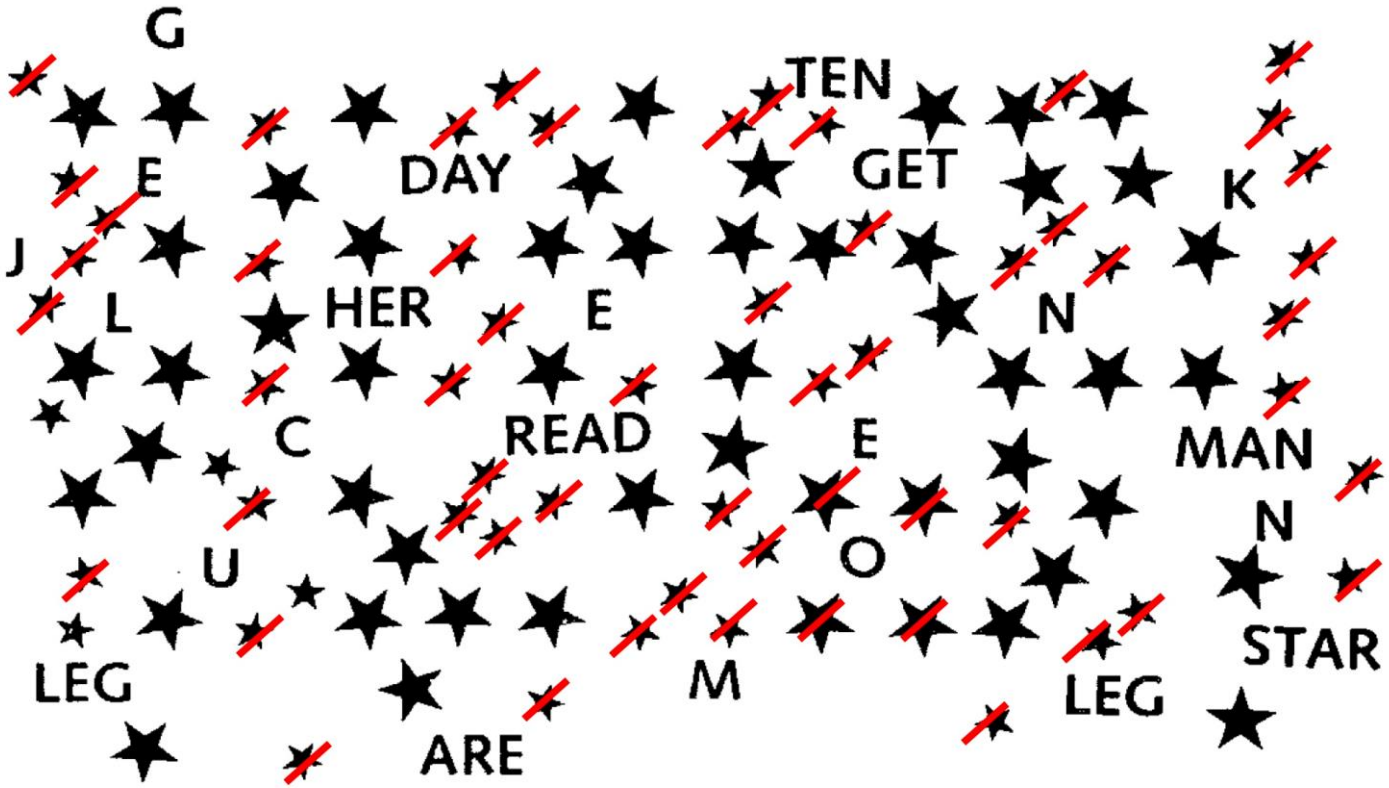
Star Cancellation Test

- Then the examiner says: "*Now you cross off the rest of the small stars using this pen*."
- Then the examiner asks the patient if there are any questions, and then answers them if so.
- Then the examiner hands the uncapped red Sharpie to the patient. The patient can use either hand to cross off the small stars.
- Then the examiner says "*Ready, begin*" and starts the stopwatch.
- The test is over when the patient says that they are done. If the patient stops crossing off stars, but does not say that they are done, the examiner can ask the patient "*Are you done, or do you need more time*?"
- The maximum time allotted is 5 minutes; if the patient is not done, or continues to ask for more time, at the 5-minute mark, the examiner tells the patient that time is up and then removes the pen and testing sheet.

Star Cancellation Test

- The time required to complete the test is not recorded.
- Count the # small stars crossed off on each side of the test form.
  - There are 30 small stars on the left and 26 on the right.
  - Recall that the examiner crosses off 1 on each side when demonstrating the test.
  - This leaves 29 possible small stars on the left and 25 possible on the right.
  - A small star is considered crossed off if red Sharpie crosses at least half of it.
  - There is no need to count how many large stars or words or letters are crossed off.

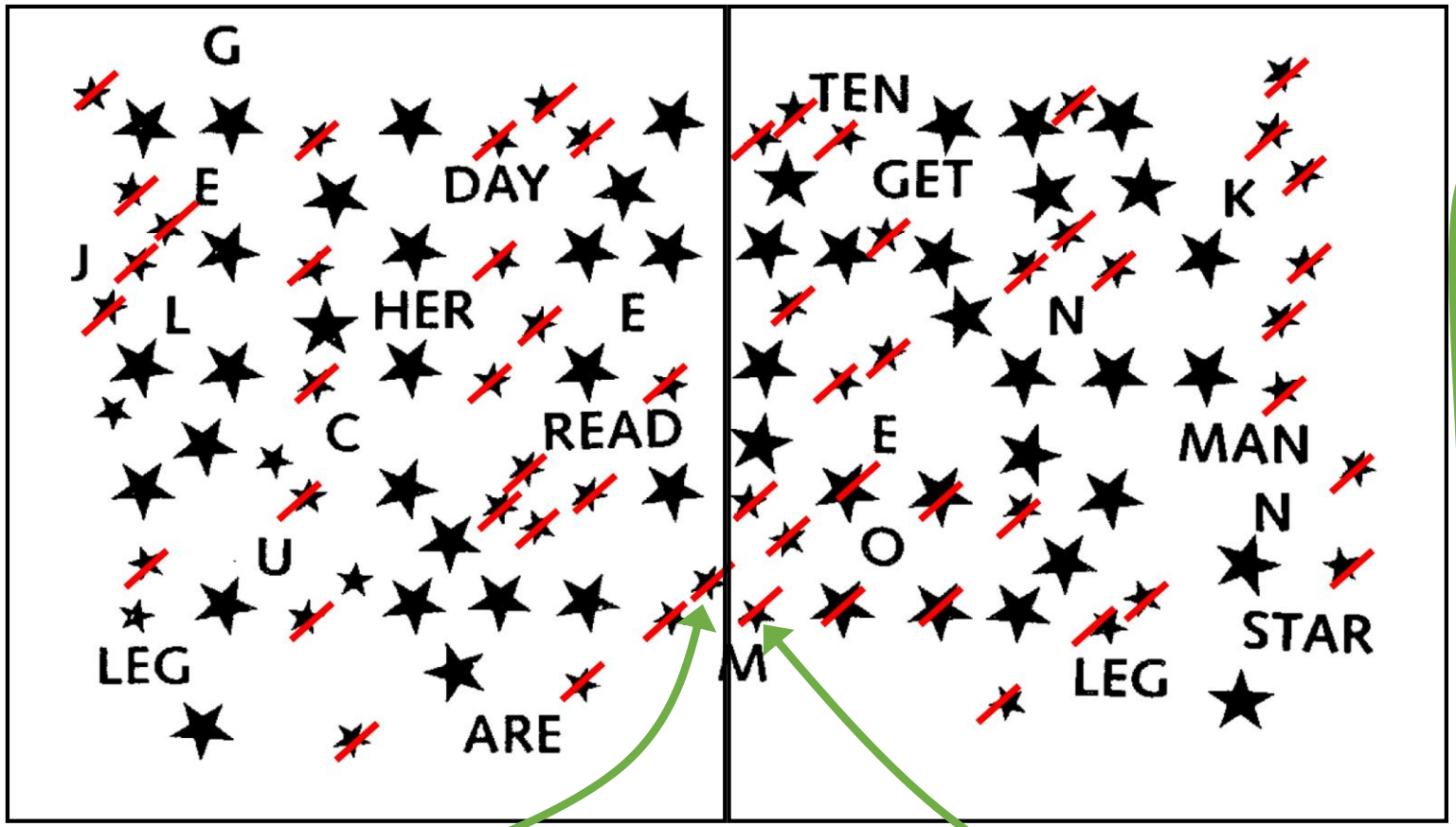
Star Cancellation Test



Score	
Left:	25/29
Right:	25/25

Star Cancellation Test

- This box is the left half of the test.
- There are 30 small stars on the left.
- The examiner crossed off this left-sided small star when demonstrating the test.
- That leaves 29 as maximum score for the patient on the left side.
- This patient crossed off 25 of the remaining small stars on the left, and so the score is Left: 25/29



- This box is the right half of the test.
- There are 26 small stars on the right.
- The examiner crossed off this right-sided small star when demonstrating the test.
- That leaves 25 as maximum score for the patient on the right side.
- This patient crossed off all 25 remaining small stars on the right, and so the score is Right: 25/25
- They also crossed off 4 large stars, but these do not count in any way.

Score

Left: 25/29

Right: 25/25

VERIFY

The 7 scales on the Medical University of South Carolina REDCap website

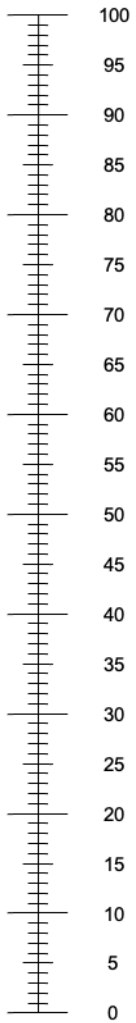
1. Motor Activity Log-14 (amount of use)
2. 10-Meter Walk Test
3. EQ-5D (EuroQoL-5D)
4. Geriatric Depression Scale-15Q
5. NeuroQoL-Anxiety-8Q
6. Star Cancellation Test
7. Pain Visual Analog Scale

Pain Visual Analog Scale

- The pain visual analog scale (VAS) is a patient reported measure of perceived shoulder pain.
- The examiner says: "*Now, I would like to ask you how much pain you have in your shoulder, if any. This question relates only to the shoulder on the side that was affected by stroke*."
- The examiner then says: "*I would like you to try to rate your shoulder pain like a thermometer, using this scale.*"
- The examiner shows the patient the VAS scale, with the writing and numbers facing the patient, so that the patient can read it. The page is placed at the patient's midline, which is important to avoid introducing any left-right spatial bias. To do this, line the thermometer up with the patient's navel.
- The examiner says: "*The worst shoulder pain you can imagine is marked 100 at the top of the scale, and no shoulder pain at all is marked zero at the bottom of the scale*."
- The examiner then says: "*I would now like you to use this pen to show me the point on this scale where you would put your shoulder pain TODAY, if you have any. Make an X to show where you would score your shoulder pain TODAY*."
- The examiner hands the patient an uncapped red Sharpie pen. The patient can use either hand to make their mark on the scale.
- Once the patient marks their score, the examiner writes down that score value, using a whole number from 0 to 100.

This is the Pain Visual Analog Scale

The worst imaginable shoulder pain



No shoulder pain

Training and certification on REDCap

for the 7 scales on the Medical University of South Carolina REDCap website
to be used in the VERIFY Study within the StrokeNet clinical trial network

Validation of Early Prognostic Data for Recovery Outcome after Stroke for Future, Higher Yield Trials

Behavioral Assessment Certification Test

After reviewing this training module, you can access the certification test with the below link:

https://redcap.link/VerifyBehavioralMeasuresCertification