Appendix 1

Hello! I am Anupa, an Occupational Therapist who is working with people who have suffered a stroke. I am conducting research to understand if symptoms such as stiffness in muscles, pain, weakness in muscles etc after stroke makes it difficult to do things, such that the person can no longer do everyday tasks such as dressing, bathing, home management, walking etc.

I would like you to participate in this research if you have had a stroke in the last six months for the first time. If you agree to volunteer, I will ask you for information about your medical history and also how you spend your time doing daily tasks. You will be asked to undress your upper and lower body but can keep undergarments on. Complete privacy will be maintained at all times You will then be asked to wear a small machine around your waist which will measure how much energy you are using as you dress your upper and lower body as you put on the shirt and pants / skirt and shoes. This device provides no risk to you. On completion of task you will remove the device and dress in your own clothing.

Participation in this study is voluntary and you are free not to participate or to withdraw your consent and to discontinue participation at any time. If you choose not to participate or discontinue you participation, it will not affect the treatment you are receiving in any way. A signed copy of this consent form will be made available to you.

I have fully explained the purpose of the study and what will be researched in this study. I have asked if there are any questions and answered these questions to my best ability.

Date _____ Researcher

_____

RESEARCH : THE ENERGY EXPENDITURE ON ADL TASKS RESULTS IN DISABILITY IN STROKE PATIENTS.

Informed Consent: To Participate in Study

I have been fully informed of the procedures to be followed. In signing this consent form, I agree to participate in this study and understand that I am free to choose not to participate or withdraw my consent and discontinue my participation in this study at any time. I understand also that if I have any questions at any time, they will be answered by the researcher.

Name _____

Signed _____

Date:_____

Appendix 2

1. Demographic Information

Date:	
Time:	
Subject Number:	
Age	
Gender	
Hand Dominance	
Date of Insult	
Side Affected	
Cause of CVA	
Hospital	
Length of rehabilitation	
Active movement present in arm	
Active movement present in hand	
Active movement present in lower limb	
Description of rehabilitation received and related outcomes	

2. Perception of Difficulty of Task

ADL Activity	Very Easy	Easy	Neutral	Difficult	Very Difficult	**Time Expenditure daily**
Dressing Upper limb and trunk with shirt						

Dressing lower limb with pants /skirt						
Putting on socks						
Putting on shoes						

3. Actual Time Expenditure

ADL Activity	Time Expenditures
Dressing Upper limb and trunk with shirt	
Dressing lower limb with pants / skirt	
Putting on socks	
Putting on shoes	

Appendix 3

RESEARCH : THE ENERGY EXPENDITURE ON ADL TASKS RESULTS IN DISABILITY IN STROKE PATIENTS.

Informed Consent: To Participate in Study

Hello! I am Anupa, an Occupational Therapist who is working with people who have suffered a stroke. I am conducting a research to understand if symptoms such as stiffness in muscles, pain, weakness in muscles etc after stroke make it difficult to do things, such that the person can no longer do everyday tasks such as dressing, bathing, home management, walking etc. In order to see if they perform differently to people who have not had a stroke, I need to measure how people who have not have a stroke are able to o such tasks.

I would like you to participate in this research if you have been diagnosed with hypertension (high blood pressure). If you agree to volunteer, I will ask you for information about your medical history. You will be asked to undress your upper and lower body but can keep undergarments on. Complete privacy will be maintained at all times You will then be asked to wear a small machine around your waist which will measure how much energy you are using as you dress your upper and lower body as you put on the shirt and pants / skirt and shoes. This device provides no risk to you. On completion of task you will remove the device and dress in your own clothing.

Participation in this study is voluntary and you are free not to participate or to withdraw your consent and to discontinue participation at any time. If you choose not to participate or discontinue you participation, it will not affect the treatment you are receiving in any way. A signed copy of this consent form will be made available to you.

I have fully explained the purpose of the study and what will be researched in this study. I have asked if there are any questions and answered these questions to my best ability.

Date _____ Researcher _____

Participant:

I have been fully informed of the procedures to be followed. In signing this consent form, I agree to participate in this study and understand that I am free to choose not to participate or withdraw my consent and discontinue my participation in this study at any time. I understand also that if I have any questions at any time, they will be answered by the researcher.

Name _____
Signed _____
Date: _____

Appendix 4:

Control Group:

1. Demographic Information

Date:	
Time:	
Subject Number:	
Age	
Gender	
Hand Dominance	
Diagnosed Since	
Hospital / Clinic	

4. Perception of Difficulty of Task

ADL Activity	Very Easy	Easy	Neutral	Difficult	Very Difficult	**Time Expenditure daily**
Dressing Upper limb and trunk with shirt						
Dressing lower limb with pants /skirt						
Putting on socks						
Putting on shoes						

Appendix 5

SUMMARY SHEET

The following data is to be collated from computer software data:

Subject Number	
Age	
Weight	
Height	
Caloric expenditure	
Energy expenditure	

Appendix 9

Subject's Name :_____

Hospital : _____

Screening Factors

Screen For :	**no**	**yes**
Age is between 30-80 years		
No premorbid medical history that has led to poor dressing prior to stroke		
Active Movement present in upper limb		
Active Movement present in lower limb		
No/ minimal perceptual deficits –do not inhibit dressing		
No/ minimal cognitive deficits –do not inhibit dressing		
No aphasia		

Suitable clients should have answered yes for all of the above.