How was the PRO administered? ☐Individual completed independently ☐Caregiver completed
☐Clinician interviewed individual ☐Clinician interviewed caregiver

# NOMS Admission Patient-Reported Outcome (PRO) Form

## NEURO-QOL Cognitive Function

## Age Range: 18+

**Neuro-QOL Instructions:** Please respond to each question or statement by marking one box per row. If proxy, please answer the following questions based on what you think your family member would say.

Source: Cella, D. Lai, J-S., et al. (2012). Neuro-QOL: brief measures of health-related quality of life for clinical research in neurology. *Neurology*, 78(23), 1860-1867.

| In the past 7 days… | Never | Rarely (once) | Sometimes (2-3 times) | Often (once a day) | Very often (several times a day) |
|---|---|---|---|---|---|
| I had to read something several times to understand it. | ☐ | ☐ | ☐ | ☐ | ☐ |
| My thinking was slow. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had to work really hard to pay attention or I would make a mistake. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had trouble concentrating. | ☐ | ☐ | ☐ | ☐ | ☐ |

| How much DIFFICULTY do you currently have… | None | A little | Somewhat | A lot | Cannot do |
|---|---|---|---|---|---|
| reading and following complex instructions (e.g., directions for a new medication)? | ☐ | ☐ | ☐ | ☐ | ☐ |
| planning for and keeping appointments that are not part of your weekly routine (e.g., a therapy or doctor appointment, or a social gathering with friends and family)? | ☐ | ☐ | ☐ | ☐ | ☐ |
| managing your time to do most of your daily activities? | ☐ | ☐ | ☐ | ☐ | ☐ |
| learning new tasks or instructions? | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Caregiver completed
☐Clinician interviewed individual ☐Clinician interviewed caregiver

# NOMS Discharge Patient-Reported Outcome (PRO) Form & Satisfaction Survey

## NEURO-QOL Cognitive Function

## Age Range: 18+

**Neuro-QOL Instructions:** Please respond to each question or statement by marking one box per row. If proxy, please answer the following questions based on what you think your family member would say.

Source: Cella, D. Lai, J-S., et al. (2012). Neuro-QOL: brief measures of health-related quality of life for clinical research in neurology. *Neurology*, 78(23), 1860-1867.

| In the past 7 days… | Never | Rarely (once) | Sometimes (2-3 times) | Often (once a day) | Very often (several times a day) |
|---|---|---|---|---|---|
| I had to read something several times to understand it. | ☐ | ☐ | ☐ | ☐ | ☐ |
| My thinking was slow. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had to work really hard to pay attention or I would make a mistake. | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had trouble concentrating. | ☐ | ☐ | ☐ | ☐ | ☐ |

| How much DIFFICULTY do you currently have… | None | A little | Somewhat | A lot | Cannot do |
|---|---|---|---|---|---|
| reading and following complex instructions (e.g., directions for a new medication)? | ☐ | ☐ | ☐ | ☐ | ☐ |
| planning for and keeping appointments that are not part of your weekly routine (e.g., a therapy or doctor appointment, or a social gathering with friends and family)? | ☐ | ☐ | ☐ | ☐ | ☐ |
| managing your time to do most of your daily activities? | ☐ | ☐ | ☐ | ☐ | ☐ |
| learning new tasks or instructions? | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? ☐Individual completed independently ☐Caregiver completed
☐Clinician interviewed individual ☐Clinician interviewed caregiver

# NOMS Discharge Patient-Reported Outcome (PRO) Form (continued)

## NOMS Satisfaction Survey

**Instructions:** Please tell us your thoughts about your cognitive skills. If proxy, please answer the following questions based on what you think your family member would say.

Source: American Speech-Language-Hearing Association (2019). NOMS Satisfaction Survey.

| | Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| I was involved in the planning and delivery of my treatment. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I have a better understanding of my cognitive problem. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I feel like my cognitive skills have improved. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Because of speech-language pathology services, I feel like I have the cognitive skills I need to participate in school/work or social activities. | ☐ | ☐ | ☐ | ☐ | ☐ |

Clinician Name: _____ Patient Name: _____ Facility: _____