

How was the PRO administered? ☐ Individual completed independently ☐ Care partner completed  
☐ Clinician interviewed individual ☐ Clinician interviewed care partner

## NOMS Admission Patient-Reported Outcome (PRO) Form

### Communicative Participation Item Bank (CPIB)

**Age Range: 18+**

**CPIB Instructions:** The following questions describe a variety of situations in which you might need to interact with others. For each question, please mark how much your condition interferes with your participation in that situation. By “condition”, we mean ALL issues that may affect how you communicate in these situations including speech conditions, any other health conditions, or features of the environment. If your condition varies, think about an AVERAGE day, not your best or worst days. If proxy, please answer the following questions based on what you think your family member would say.

Source: Baylor, C., Yorkston, K., et al. (2013). The Communicative Participation Item Bank (CPIB): Item bank calibration and development of a disorder-generic short form. *Journal of Speech, Language, and Hearing Research*, 56, 1190-1208.

	Not at all	A little	Quite a bit	Very much
Does your condition interfere with talking with people you know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating when you need to say something quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with talking with people you do NOT know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating when you are out in the community (e.g., running errands, appointments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with asking questions in a conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating in a small group of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with having a long conversation with someone you know about a book, movie, show or sports event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with giving someone DETAILED information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with getting your turn in a fast-moving conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with trying to persuade a friend or family member to see a different point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Facility: \_\_\_\_\_

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

### Communicative Participation Item Bank (CPIB)

**Age Range: 18+**

**CPIB Instructions:** The following questions describe a variety of situations in which you might need to interact with others. For each question, please mark how much your condition interferes with your participation in that situation. By “condition”, we mean ALL issues that may affect how you communicate in these situations, including speech conditions, any other health conditions, or features of the environment. If your condition varies, think about an AVERAGE day, not your best or worst days. If proxy, please answer the following questions based on what you think your family member would say.

Source: Baylor, C., Yorkston, K., et al. (2013). The Communicative Participation Item Bank (CPIB): Item bank calibration and development of a disorder-generic short form. *Journal of Speech, Language, and Hearing Research*, 56, 1190-1208.

	Not at all	A little	Quite a bit	Very much
Does your condition interfere with talking with people you know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating when you need to say something quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with talking with people you do NOT know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating when you are out in the community (e.g., running errands, appointments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with asking questions in a conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with communicating in a small group of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with having a long conversation with someone you know about a book, movie, show or sports event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with giving someone DETAILED information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with getting your turn in a fast-moving conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your condition interfere with trying to persuade a friend or family member to see a different point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Facility: \_\_\_\_\_

How was the PRO administered?   ☐Individual completed independently   ☐Care partner completed  
☐Clinician interviewed individual                      ☐Clinician interviewed care partner

**NOMS Discharge Patient-Reported Outcome (PRO) Form (continued)**  
**NOMS Satisfaction Survey**

<b>Instructions:</b> Please tell us your thoughts about your communication. 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.					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree/Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I was involved in the planning and delivery of my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I have a better understanding of my communication problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like my communication skills have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like I have the communication skills I need to participate in school/work or social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Facility: \_\_\_\_\_