

## **Doctors and Nursing Staff**

This form has been produced to enable medical staff and the patients' families to take part in the research project. Feedback and test results will be invaluable. Please use one form per patient per duration of treatment where Azam is being used. It is up to you whether you send interim test results or batch them together. It is estimated that each time the form will be used, will take no more than 5 minutes. If part of the form is hand written by a doctor, please ask them to do so neatly as we are not pharmacists!

**Most of the information can be filled in by the family who have produced the Azam CD**

## Confidential feed back form for the Azam Software Audio Stimulation Coma Study

Hospital:		Test subject number:
Age of patient:		Sex of patient:
<b>How often was Azam used?</b>		
Hours per day:		Number of days so far:
Total length of the CD in minutes:		
<b>Did the CD contain?</b>		<b>What % and length of the total time?</b>
Assertive communication(s)	Y/N	
Loud music	Y/N	
Soft music	Y/N	
Morphing backwards	Y/N	
Morphing slow	Y/N	
Morphing fast	Y/N	
Morphing echo	Y/N	
Morphing pitch	Y/N	
Do you feel that the patient improved (or was effected in any way) by the use of specific types of audio stimulation as described above? (Y/N)		
If so, how?		
<b>The information below is for doctors or senior nursing staff to complete.</b>		
Glasgow Scale (or equivalent):		How long in coma?
Other Medical Observations:		

Name of Doctor (or Senior Nurse): .....

Phone: ..... Fax: .....

Email id: .....

Please fax to + 44 (0) 1494 449444 or email [comastats@azamit.com](mailto:comastats@azamit.com)

**For Azam International Technologies and statisticians' use. Reference:**