[English Version 1.0]
30th March 2026

Trial Title:

Pedagogy and enriched environment for rehabilitation in the home after stroke (PEER-HOMEcare): study protocol for a single-group feasibility study

Approved: 16th February 2026

Principal Investigator:

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WOULD YOU LIKE TO PARTICIPATE IN THE RESEARCH PROJECT - PEER HOMECARE – ENRICHED HOME ENVIRONMENT IN REHABILITATION AFTER STROKE?

PURPOSE OF THE PROJECT AND WHY YOU ARE BEING ASKED TO PARTICIPATE

You are being invited to participate in a research project that aims to investigate the feasibility and satisfaction with a treatment approach that involves making changes in your home environment to improve rehabilitation of arm function after a stroke.

You are being asked because you recently experienced a stroke. After discharge from the hospital, it is important to stay active in daily life to improve function, and this project aims to encourage that activity in your own home.

This document provides information about the project's goals and what participation would involve. Please read it carefully and complete the consent form if you wish to participate.

WHAT DOES THE PROJECT INVOLVE FOR YOU?

The project takes place in your home after hospital discharge and will not interfere with other follow-up or treatment. The treatment lasts for six weeks.

Project staff will follow you and suggest changes or adjustments in your home environment that may stimulate increased use of the arm affected by the stroke. Examples include:

Intervention: Changing the placement of everyday tools or objects and/or introducing new aids that encourage arm use

Assessments: Before the intervention begins and again at the end, we will:

- Assess your everyday arm function
- Ask what you enjoy doing in different rooms of your home
- Discuss your rehabilitation goals
- Ask you to complete a home-environment questionnaire
- Ask you to complete questionnaires related to mental health
- Conduct a brief cognitive assessment

We will then propose home modifications that may support functional training.

Movement Sensors: You will be asked to wear small, lightweight movement sensors on your arm for about two hours per day. These measure:

- How often you move
- How fast you move

- Whether you use one or both arms

You will receive learning materials (online and on paper) with ideas for home-environment changes and instructions for using the sensors.

Follow-up During the 6-Week Period

- Up to two home visits per week
- Regular phone calls to check in and suggest new adjustments
- Documentation and photos of some home changes

At the end of the study, we will:

- Ask you to complete questionnaires
- Interview you about your experience (audio recorded)
- Reassess arm function and mental health
- You will also be asked to keep an activity diary (paper or digital), noting key daily activities and times. If you experience fatigue, you will be asked to record this as well.

Information Collected:

- Your patient journal (type, location, and severity of stroke; date of stroke; other illnesses)
- Clinical tests
- Activity diary
- Questionnaires
- Interviews

After the intervention, we will interview you about your experience with the project, the sensors, and the home-environment changes.

If you live with a partner, we will ask you to name a family member who will receive an information sheet and provide written consent. They will be asked to complete a questionnaire after the intervention.

Health personnel outside the project may also be asked to complete questionnaires or interviews about your participation and perceived benefit.

About three months after the intervention, you will be contacted for a short follow-up conversation.

Because collaboration with local health services is important, you will be asked to name a local healthcare provider who can be informed about the study and may be asked to participate as an informant.

Similar data collection will take place in Sweden and Latvia.

The project is funded by EU funds from Transforming Health and Care Systems (THCS) and is conducted in collaboration with:

- Norwegian School of Sport Sciences
- Sunnaas Rehabilitation Hospital

- University of Gothenburg (Sweden)
- Riga Stradins University (Latvia)
- University of Porto (Portugal)

POSSIBLE BENEFITS AND DISADVANTAGES

Benefits

- You contribute to research aimed at improving stroke rehabilitation
- You may experience improved function if the intervention is effective
- You meet clinicians experienced in stroke rehabilitation
- You help generate new knowledge about home-based stroke rehabilitation

Possible Disadvantages

- Wearing sensors may feel unfamiliar
- Some home adjustments may feel inconvenient at first
- Having clinicians visit your home may feel unusual
- Participation will not affect the treatment you would otherwise receive

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Participation is voluntary. If you wish to participate, sign the consent form on the last page.

You may withdraw at any time without giving a reason. This will not affect your treatment or have any negative consequences.

If you withdraw:

- Your health information and sensor data will no longer be used
- You may request access to your stored information (delivered within 30 days)You may request deletion of your data

These rights do not apply if the data have been anonymized, published, or already included in completed analyses.

WHAT HAPPENS TO YOUR INFORMATION?

If you have questions or wish to withdraw, contact the project leader (details on last page). Your data will be used only as described and is planned to be used until summer 2032. The legal basis for processing your personal data is research in the public interest.

Any extension of data use requires approval from the Regional Committee for Medical and Health Research Ethics (REK) and other authorities. De-identified data will be stored securely in the Services for Sensitive Data (TSD) at the University of Oslo. Only project team members with approved access will be able to view the data. Only the project leader can export data.

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You have the right to:

- Access your registered information
- Correct errors
- Access information about security measures
- File a complaint with the Data Protection Authority or the institution's Data Protection Officer

All data will be stored without name, birth number, or other direct identifiers. A code links your identity to your data, and only the project leader and a designated project staff member have access to this list.

Results will be published in a way that prevents identification of individual participants, though complete anonymity cannot be absolutely guaranteed.

After the project ends, your data will be stored for five years for audit purposes.

INSURANCE

The Norwegian Patient Injury Act applies during the project period, and insurance coverage is provided through this law.

ECONOMY

The project is funded by EU THCS funds and the Research Council of Norway. The funding sources have no role in the project. Sunnaas Hospital and the research team have no financial or competing interests.

There is no payment for participation, but any expenses related to participation will be reimbursed.

APPROVALS

The Regional Committee for Medical and Health Research Ethics (REK) has reviewed and approved the project (case number 816325).

Sunnaas Hospital and project leader Arve Opheim are responsible for data protection.

Our data processing is based on the data-protection standards at Sunnaas Hospital.

CONTACT INFORMATION

If you have questions, experience adverse events, or wish to withdraw, contact:

- **Arve Opheim** Phone: 98005122 Email: arve.opheim@sunnaas.no
- **Ann Marie Hestetun-Mandrup** Phone: 40674994 Email: anmhes@sunnaas.no

For questions about data protection, contact the institution's Data Protection Officer:

- **Joakim Mejdell-Edvardsen** Email: Joakim.Mejdell-Edvardsen@sunnaas.no

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I CONSENT TO PARTICIPATE IN THE PROJECT AND TO THE USE OF MY PERSONAL DATA AS DESCRIBED ABOVE:

Place and date	Participant signature
	Printed name (in block letters)

☐ I live with the participant and share a household with them. I consent to take part in the project and am willing to answer a questionnaire about satisfaction with the treatment, as described.

Place and date	Co-habitant signature
	Printed name (in block letters)