[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 of making changes to the home environment of a person who has had a stroke. This will aim to improve rehabilitation, and to use sensors to measure arm activity.

You are invited because you are a healthcare professional involved in the treatment or follow-up of someone who recently experienced a stroke and has returned home. After discharge, it is important to stay active in daily life to improve function - something this project encourages in the person's own home.

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

WHAT DOES THE PROJECT MEAN FOR YOU?

The project takes place after hospital discharge, in the person's own home, and will not interfere with any usual follow-up or treatment after stroke. The project will last six weeks.

Project staff will follow the person with stroke and suggest changes or adjustments in the home environment that may stimulate increased activity, especially in the affected arm. This may include repositioning everyday items or introducing new aids to encourage use of the affected arm.

Assessments will be conducted at the start and end of the project. At the beginning, we will assess arm function and ask the person with stroke what they enjoy doing in different rooms of the home, as well as obtain their rehabilitation goals. Based on this, we will propose home modifications that support functional training.

We will ask the person with stroke to wear movement sensors for up to two hours per day to measure movement and activity. The sensors are small, lightweight, comfortable devices attached to the body with straps. They record how often and how quickly movements occur, and whether one or both arms are used.

If you wish to participate, you may also receive training on how to help implement home changes that promote activity. You may receive detailed online learning materials with ideas for environmental changes and instructions for helping with sensor placement.

During the six-week project period, we will make repeated home visits, up to twice per week and call to check in on progress, as well as suggest and implement further adjustments. We will document all changes and photograph some of them.

At the end of the study period, we will ask how you experienced the impact of the interventions on this and other rehabilitation activities, for example, the usefulness of the learning materials and the experience of home-based treatment.

We will collect and record information about you. This information comes from questionnaires and interviews, which will be audio-recorded. We will not collect information from other sources. We will ask you about your experience of

the patient's participation in the project and your experience of the home changes.

The project is funded by EU funds from Transforming Health and Care Systems (THCS) and is conducted in collaboration between Sunnaas Hospital (SunHF) and the Norwegian School of Sport Sciences in Norway, the University of Gothenburg in Sweden, Riga Stradins University in Latvia, and the University of Porto in Portugal.

POSSIBLE BENEFITS AND RISKS

You will participate in innovative research aimed at improving the rehabilitation process after stroke, and you will experience a treatment method (home modifications) expected to promote function. Participation contributes to new knowledge about home-based stroke rehabilitation and how it can be developed and improved.

We do not expect significant disadvantages. You should be aware that some suggested home adjustments may not be immediately liked by those living in the home, but we hope they will become acceptable over time. Participation will not affect any other treatment the person with stroke would otherwise receive.

VOLUNTARY PARTICIPATION AND THE RIGHT TO WITHDRAW

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

You may withdraw your consent at any time without giving a reason. There will be no negative consequences if you choose not to participate or later decide to withdraw. If you withdraw, your information will no longer be used for research. You may request access to the information stored about you, which will be provided within 30 days. You may also request that your information be deleted. This does not apply if the material has been anonymized or published, or if the data has already been included in completed analyses. If you later wish to withdraw or have questions, you may contact the project leader (see contact information on the last page).

WHAT HAPPENS TO YOUR INFORMATION?

Your information will only be used as described under the projects' purpose and is planned to be used until Summer 2032. The legal basis for processing personal data is research in the public interest.

Any extension of use or storage time requires approval from the Regional Committee for Medical and Health Research Ethics (REK) and other relevant authorities. De-identified data will be stored securely on the Services for Sensitive Data (TSD) server at the University of Oslo. Only the project group will have access. As this is a multicenter study, the project group includes researchers from Norway (Arve Opheim and James Rudd), Sweden (Katharina Sunnerhagen), Latvia (Guna Berzina), and Portugal (Matheus Pacheco). Only the project leader may export data.

You have the right to access your registered information and to correct any errors. You also have the right to access information about security measures used in data processing. You may complain about the processing of your data to the Data Protection Authority or the institution's Data Protection Officer.

All information will be processed without names, birth numbers, or other directly identifying details (= coded data). A code links you to your information through a name list. Only project leader Arve Opheim and project staff member Ann Marie Hestetun-Mandrup have access to this list.

Publication of results is a necessary part of research. All publications will be written so that individual participants cannot be identified, though we cannot guarantee that identification is impossible.

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

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INSURANCE

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

ECONOMY

The project is funded by the Research Council of Norway. The funder has no role in the project. Sunnaas Hospital and the research team have no financial or competing interests.

There is no payment for participation, but you will not incur any additional costs.

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 privacy and data protection.
Data processing follows Sunnaas Hospital's privacy standards.

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 privacy, 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

Place and date	Person Signature
	Person Name (in block letters)