## Schedule of Activities

***The schedule below is provided as an example and should be modified or replaced as appropriate.***

*The schedule of activities (SOA) must capture the procedures that will be accomplished at each study visit, and all contact with study participants (e.g., telephone contacts). This includes any screening procedures that are used for eligibility, participant randomization or stratification, or decisions on study intervention discontinuation. Only include procedures that contribute to participant eligibility, study objectives and endpoints. Other procedures should be done sparingly and with consideration, as they may add unnecessary complexity and participant burden. However, for feasibility or other studies that include an aspect of procedural refinement; those activities may be appropriate for inclusion herein and elsewhere in the protocol.*

*Allowable windows should be stated for all visits. To determine the appropriate windows, consider feasibility and relevance of the visit time points to study endpoints (e.g., short-duration interventions and follow-up periods might require short outcome assessment windows, whereas longer follow-up periods of 6 months or longer might have a window of several weeks). In some cases, the protocol may include an unscheduled visit (e.g., if participants are asked to come to the clinic when they are experiencing specified symptoms). For unscheduled visits, specify all data that would be important to collect.*

|  | Pre-screening(Pre-consent) | Visit 1Day 1 | Visit 2Day 14 ±7 | Visit 3 Day 28 ±7 | Visit 4Day 42 ±7 | Visit 5Day 56 ±7 | Visit 6Day 365 ±30 | Unscheduled Visit |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMR Review Eligibility | X |  |  |  |  |  |  |  |
| Informed Consent |  | X |  |  |  |  |  |  |
| Demographics |  | X |  |  |  |  |  |  |
| Clinical history |  | X |  |  |  |  | X |  |
| Height & Weight |  | X | X |  |  |  | X |  |
| Outcome Evaluation |  |  |  |  |  |  |  |  |
| Pain Assessment (Brief Pain Inventory) |  | X |  |  | X |  | X | X |
| Quality of Life Questionnaire |  | X | X | X | X | X | X |  |
| Randomization |  | X |  |  |  |  |  |  |
| Control & Experimental Interventions – Occupational therapy |  | X | X | X | X |  |  |  |
| Adverse Events Reporting |  | X | X | X | X | X | X | X |

<Insert table>