CASE REPORT FORM

(Version 1 – 18/7/25)

Study title: MECHANICAL MASSAGE WITH AN ELECTRIC MASSAGE CHAIR AND PREOPERATIVE ANXIETY IN PLANNED CAESAREAN SECTION: A RANDOMISED CONTROL TRIAL

TRIAL RECRUITMENT NUMBER: ☐

1) Participant information
    a. Date of recruitment(date/mth/year): _____/____/_____
    b. Contact number: _____
    c. Date of birth(date/mth/year): _____/____/_____
    d. Weight: _____
    e. Height: _____
2) Obstetric history
    a. Gravida: _____
    b. Parity: _____
    c. EDD: _____/____/_____
3) Sociodemographic data
    a. Education: Primary / Secondary / Diploma / Degree / Master / PhD
    b. Occupation: Employed / Self Employed / Homemaker / Student
    c. Ethnicity: Malay / Chinese / Indian / Other: _____
4) Antenatal History
    a. Gestational diabetes mellitus: Yes / No
    b. Pre-eclampsia: Yes / No

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5) Delivery Details

a. Date of delivery: _____/____/_____

b. Indication for caesarean section:

	Please tick (✓)
Previous caesarean section	
Non-cephalic presentation	
Suspected Macrosomia	
Maternal Request	
Others: **MUST SPECIFY**	

c. Mode of anaesthesia: Spinal / Epidural / CSE / GA / Others: _____

d. Estimated blood loss: _____ml

e. ICU admission: Yes / No

f. ICU admission indication: specify: _____

6) Neonatal Outcome

a. APGAR score at 1 minute: _____

b. APGAR score at 5 minutes: _____

c. Birth Weight: _____

d. Umbilical cord arterial blood pH: _____

e. Umbilical cord arterial blood base excess: _____

f. Neonatal admission: No / NICU / PICU / SCN / Other: _____

g. Neonatal admission indication: specify: _____

7) Hospitalisation Timeline

a. Date of hospital admission (date/mth/year): _____/____/_____

b. Date of hospital discharge (date/mth/year): _____/____/_____

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8) Perioperative Anxiety Scale 7 (PAS-7) (assessed upon admission, within 24 hours prior to planned caesarean section)

N	Item	Not at all	Some	Moderate	Relatively obvious	Very obvious
1	I'm worried about the effect of the operation.	0	1	2	3	4
2	I'm worried about accidents during the operation.	0	1	2	3	4
3	I'm worried about the pain caused by the operation.	0	1	2	3	4
4	Thinking about the operation makes me more nervous and worried than usual.	0	1	2	3	4
5	Thinking about the operation makes my hands tremble.	0	1	2	3	4
6	Thinking about the operation makes my face become hot and blushed, and my hands and feet sweat.	0	1	2	3	4
7	Thinking about the surgery makes my breathing difficult.	0	1	2	3	4

Total score: [ ]

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9) Numerical rating scale 0-10

9.1 Satisfaction score (post second massage)

Rate your satisfaction with the mechanical massage by massage chair given for your use in the study. Please tick a single response from the 0-10 scale as below.

0	1	2	3	4	5	6	7	8	9	10

Completely Dissatisfied

Completely Satisfied

9.2 Pain score (Day 1 post caesarean section)

Rate the pain that you feel when moving about. Please tick a single response from the 0-10 scale as below

0	1	2	3	4	5	6	7	8	9	10

No Pain

Worst Pain Possible

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9.3 Symptom questionnaire (applied on day 1 post caesarean section)

Have you felt any of the following symptoms since admission for your caesarean section. Please circle your response as below

Nausea	Yes	No
Vomiting	Yes	No
Dizziness	Yes	No

9.4 Recommendation of allocated intervention to a friend.

Date:

- Yes
- No

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10) HADS Score (assessed 6 weeks after delivery: through telephone assessment)

Date:

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:
Total score: Depression (D) _____ Anxiety (A) _____
0-7 = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)