

**Patient resource diary**

**\* To be completed by the patient \***

As part of the CHAPS study we would like to collect information about any encounters with health professionals you may have had RELATED to your leg problem (deep vein thrombosis).

We hope that **you can complete this diary** every time you see a health professional about your deep vein thrombosis to help us collect this information.

Please complete a section in this diary for

**EVERY** time you **see or speak** to a health professional:

* Hospital appointments or admissions
* GP Clinic or Home Visits
* Any scans or tests

To be filled by research nurse

Patient ID, follow-up month (6 months, 12 months and final visit). Please provide the patient with a new diary at each study visit

Follow up visit: □ 6 month visit OR □ 12 month visit OR □ final visit

**Part 1. In the 6 months since your last study visit, what healthcare professionals have you seen for reasons related to your deep vein thrombosis.**

(In each case, please state if the healthcare was provided by the NHS or paid for privately)

**1. List all admissions to hospital as an inpatient or as a daycase**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Reason for admission | Inpatient or daycase? | Procedures (if any) | Length of stay (number of nights) | NHS or private? | Method of transport |
|  |  | Inpatient  Daycase |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  | Inpatient  Daycase |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  | Inpatient  Daycase |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  | Inpatient  Daycase |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  | Inpatient  Daycase |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |

**2. List all hospital Accident and Emergency visits – dates of visits, reasons, procedures (if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Reason for visit | Procedures (if any) | NHS or private? | Method of transport |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |

**3. List all hospital outpatient visits** (including vascular clinic)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Reason for visit | Procedures (if any) | NHS or private? | Method of transport |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |
|  |  |  | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other |

**4. List all GP doctor visits**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Reason for visit | Procedures / treatment/ medication | GP Practice or home | NHS or private? | Method of transport |
|  |  |  | GP Practice  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  | GP Practice  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  | GP Practice  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  | GP Practice  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  | GP Practice  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |

**5. List all GP practice nurse visits**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Reason for visit | Nurse type | Procedures/ treatment/ medication | GP Practice or home | NHS or private? | Method of transport |
|  |  | District  Community  Practice |  | GP Practice  Central nurse hub  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  | District  Community  Practice |  | GP Practice  Central nurse hub  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  | District  Community  Practice |  | GP Practice  Central nurse hub  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  | District  Community  Practice |  | GP Practice  Central nurse hub  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  | District  Community  Practice |  | GP Practice  Central nurse hub  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |

**6. List all other healthcare professional visits (e.g. physiotherapist, podiatrist, occupational health)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Reason for visit | Health care professional (e.g. physiotherapist etc.) | Procedures (if any)  **How many times a week for how many weeks?** | Clinic or home | NHS or private? | Method of transport |
|  |  |  |  | Clinic  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  |  | Clinic  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  |  | Clinic  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  |  | Clinic  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |
|  |  |  |  | Clinic  Home | NHS  Private | Own car  Driven  Public transport  Patient transport  Walk  Other  *Not applicable* |

**Part 2. In the last 6 months, have you had any:**

* **paid or unpaid ‘home carer help’** (e.g. help getting out of bed in the morning, washing and dressing, brushing your hair, using the toilet, preparing meals and drinks, remembering to take your medicines, doing your shopping, collecting prescriptions or your pension, getting out, for example to a lunch club, getting settled in the evening and ready for bed)
* **paid or unpaid ‘home help’** (e.g. cleaning (including putting on clean bed sheets), doing the washing up, doing the laundry, gardening)

Yes, please complete table below  No

|  |  |  |  |
| --- | --- | --- | --- |
| Health care professional (e.g. physiotherapist etc.) | Hours a week | Number of weeks | Council or privately paid? |
| Home carer help  Home help |  |  | Council  Private |
| Home carer help  Home help |  |  | Council  Private |
| Home carer help  Home help |  |  | Council  Private |

**Part 3. In the last 6 months, have you bought any items to help treat your deep vein thrombosis out of you own pocket (e.g. medications, devices, equipment)?**

Yes, please complete table below  No

|  |  |
| --- | --- |
| List | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Part 4. In the last 6 months, have you had to take time off work or been unable to undertake your normal activities as a result of your deep vein thrombosis, or because of a treatment received during this study**

Yes, please complete table below  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Reason | Type of activity affected (e.g. work, social life, caregiving to another person etc.) | Number of days affected | Other relevant information |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |
|  |  | Work  Social life  Caregiving  Other |  |  |

*Thank you for completing your diary.*

*Please remember to hand it to the nurse at your next study visit.*