Other personal costs relating to your illness

Please note details of date and personal costs relating to your illness since you came home, and what they were for (see example in bold below).

Drugs or equipment costs	Travel/fares or mileage costs for health care	Childcare costs when needing health care	Private consultation	Home help, private nurse etc.	Other
e.g. £6 for prescription of antibiotics March 1-8					

Dav	/S	off	from	work
Da	y J	OH	Π $\Omega\Pi\Pi$	VVOIIX

If you have returned to work, please enter the date								dd/mm/yyyy
If you have taken time off work due to illness since t	he	n,	ple	as	se	COI	mp	lete the
table below:								

Please enter the start and stop dates for any period of absence from work	Number of days off sick	Reason for absence from work

Please keep this diary at home until you are visited 6 months after joining the study. If you have any queries please contact:

CESAR Data Co-ordinating Centre, Medical Statistics Unit, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT Tel: 020 7927 2376/2075

Conventional Ventilation or ECMO for Severe Adult Respiratory Failure



EVENTS DIARY

This *Events Diary* is for you to keep, in order that you may have a record of events related to your health from the time of your discharge from hospital.

In addition, as you may be aware, a study researcher will visit you at home about 6 months after you joined the study to ask you about events related to your health.

To keep track of these events you may find this *Events Diary* will help you answer the questions. This is partly so that we can estimate how much your illness cost in terms of time off work, personal expenses and cost of continuing care. Please have this *Diary* available when the researcher visits you.

If you require additional space to record details of health service use, please use the sheet entitled *Events Diary - additional information* which is included with this booklet.

Date of discharge from hospital									dd/mm/yyy
---------------------------------	--	--	--	--	--	--	--	--	-----------

On the day you were discharged from hospital please tell us how you travelled home:

Events diary 25th September 2001

CESAR ISRCTN47279827

General Practice

If you see the doctor, nurse, physiotherapist or occupational therapist from your general practice, please write the date of each visit, whom you see and where. Use one box for each visit.

Date of visit	Whom did you see (i.e. doctor, nurse, physiotherapist, occupational therapist, counselling or psychological treatments)	Where did you see them (practice or home visit, please specify)

Telephone Advice

If you have contacted any of the following for advice about your health by phone please give dates. Please exclude calls for arranging appointments and repeat prescriptions.

Date of phone advice	Whom did you call (e.g. NHS Direct, your GP, nurse etc.)

Hospital Admissions

If you are admitted to hospital, please write the name of the hospital and the dates of each admission and discharge. Use one box for each admission.

Name of hospital	Date of admission	Date of discharge

Hospital Visits (not inpatient)

If you have visited hospital as an **outpatient** or in an emergency (i.e. casualty/A&E), please write the name of the hospital or outpatient clinic with the date of each visit. Use one box for each visit.

Date	Name of outpatient clinic and hospital	Emergency or routine?

Community and Social Services

If you have any visits from community or social service staff please give the date of each visit.

Date of visit	Who visited you (e.g. social worker, homecare worker or care attendant, health visitor)