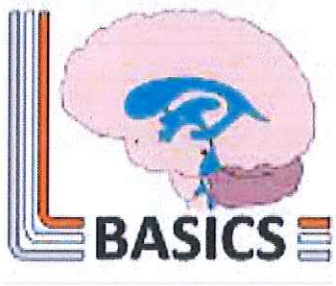
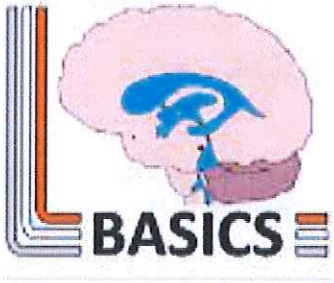
Thank You





Health Service Diary

Randomisation number ☐☐☐☐ ☐ ☐ ☐☐☐

Participant initials ☐☐☐

DOB ☐☐ ☐☐ ☐☐☐☐

Centre use only:

Please confirm when this questionnaire was give to the participant

Date issued ☐☐-☐☐-☐☐☐☐

Date completed ☐☐-☐☐-☐☐☐☐

This form can be completed by the participant or by their parent or carer on their behalf.

As part of the study we would like to understand what health and related services you may have made use of since you were recruited to the BASICS study. Please do not report services used before this time.
We would also like to know whether you have needed any additional help and support over this time and if your Hydrocephalus has affected your usual activities.

1) Visits to the GP Surgery

Have you travelled to see your family doctor (general practitioner) or any other health care professional attached to your doctor's surgery or travelled to a walk-in centre because of your Hydrocephalus since your last BASICS study visit?
(Note this only includes visits to the doctor's practice. Home visits are dealt with in the next question)

Yes ☐ No ☐ If yes, please complete the table below

Health care professional seen	Number of visits (Please keep a tally ~~IIII~~ and write the total)
Doctor at surgery	
Nurse at surgery	
Doctor at walk-in centre	
Nurse at walk-in centre	
Other (specify):	

6) Have you attended any hospital as an outpatient because of your Hydrocephalus since your last BASICS study visit?

Yes ☐ No ☐ If yes, please complete the table below

Date (if known)	Hospital	Reason	Indicate which health care professional you saw
dd/mm/yyyy ☐ Not Known			
dd/mm/yyyy ☐ Not Known			
dd/mm/yyyy ☐ Not Known			
dd/mm/yyyy ☐ Not Known			

5) Have you been admitted to hospital as an in-patient because of your Hydrocephalus since your last BASICS study visit?

Yes ☐ No ☐ If yes, please complete the table below

Date admitted (if known)	Hospital	Reason	Date Discharged (if known)	Number of nights spent in hospital
dd/mm/yyyy ☐ Not Known			dd/mm/yyyy ☐ Not Known	
dd/mm/yyyy ☐ Not Known			dd/mm/yyyy ☐ Not Known	
dd/mm/yyyy ☐ Not Known			dd/mm/yyyy ☐ Not Known	
dd/mm/yyyy ☐ Not Known			dd/mm/yyyy ☐ Not Known	

2) <u>Home visits</u>.

Did you receive any home visits from your family doctor (general practitioner) or any other health care professional between the hours of 8:30am and 6:00pm Monday to Friday (In hours) or after 6:00pm Monday to Friday or anytime time during the weekend (Out of hours) because of your Hydrocephalus since your last BASICS study visit?

Yes ☐ No ☐ If yes, please complete the table below

Health care professional seen	Number of Visits (please keep a tally ~~𝍸~~ and write the total) (Monday to Friday 08:30am – 06:00 pm)	Number of Visits (please keep a tally ~~𝍸~~ and write the total) (all other times)
GP		
Community / District Nurse		
Health Visitor		
Nurse		
Physiotherapist		
Occupational Therapist		
Other (specify):		

3) Have you had any contact with any other community-based health or social care professionals because of your Hydrocephalus since your last BASICS study visit?

(Note: please exclude any contacts already listed in questions 1 and 2)

Yes ☐ No ☐ If yes, please complete the table below

Health or social care professional or service contact	**Service Provider** (health service, social services, voluntary or private)	Number of contacts since last BASICS study visit (please keep a tally 卌) and write the total)	**Average amount of time per contact** (e.g. 10 minutes, 1 hour)	**Did you pay any-thing?** (If yes, total amount spent on this service since last BASICS study visit)
Social worker			*HH:MM*	£ _ _ , _ _ p
Home care worker			*HH:MM*	£ _ _ , _ _ p
Other: (specify)			*HH:MM*	£ _ _ , _ _ p
Other: (specify)			*HH:MM*	£ _ _ , _ _ p

SECTION B: HOSPITAL CONTACTS

4) Have you attended any hospital's accident and emergency department because of your Hydrocephalus since your last BASICS study visit?

Yes ☐ No ☐ If yes, please complete the table below

Date (if known)	**Hospital**	**Reason**	**Indicate whether: Admitted / Discharged**
dd/mm/yyyy ☐ Not Known			☐ Admitted ☐ Discharged
dd/mm/yyyy ☐ Not Known			☐ Admitted ☐ Discharged
dd/mm/yyyy ☐ Not Known			☐ Admitted ☐ Discharged