

ELEVATE STUDY - ASTHMA RESOURCE DIARY

Instructions

It would be very helpful if you could complete this if any of the following occur while you are participating in the ELEVATE study:

Any time there is a problem from your asthma symptoms

1. Any time you increase your preventer (inhaled steroid, LTRA or LABA) treatment
2. Any time you have to start oral steroids or other medications for your asthma
3. Any time you take off work or school due to asthma or your chest
4. Any time you see or talk to a doctor or nurse, visit A&E, outpatient or hospital about your asthma or chest.

At any time (whether you are ill, or are well and just getting routine supplies)

5. Any time you buy anything from a pharmacist or any other shop for your asthma, chest (e.g. cough mixtures), hay fever or for a nose problem.

Please bring this form with you to the surgery at the time of your next study visit.

Thank for your co-operation and participation in this study

In an emergency, or If you have any medical questions about your Asthma and its management, please contact your GP.

If you have any questions about this form or other aspects of the study, please contact the study office on 01603-591106,

or if you move from your current residence or leave the care of the practice where you have been seen, so that we may continue to contact you about the study.

PATIENT INITIALS: _____

PATIENT STUDY NUMBER: _____

Please complete a line for each time any of the following occur

Date 1st day if more than 1 d/mm/yy	Because asthma worsened?		Time off work due to asthma? state hours or days	See or talk to any nurse, doctor or alternative practitioner? * If yes, state who & where	Did you go to A&E? Tick if yes	Were you admitted to hospital?		Anybody take time off work to transport or care for you?		How did you get to hospital or practice? eg: Ambulance, taxi, paid carer, personal car, bus or other	Have you bought, or has anyone bought for you, anything from chemist's, or other source, to help with your health? Please state what	Cost £. p.	Comments
	yes	no				yes	number of nights	How much?	Their job?				
1	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
2	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
3	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
4	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
5	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
6	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
7	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
8	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
9	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					
10	<input type="checkbox"/>	<input type="checkbox"/>	Days hours		<input type="checkbox"/>	<input type="checkbox"/>		Days hours					

* include calls to NHS direct and other alternative sources: homeopaths, etc.

If this episode lasts for more than one day, record the first day

Please continue on additional sheet if necessary