

# ELEVATE Resource Data Collection Sheet

To be filled by Patient

Date: \_\_\_/\_\_\_/\_\_\_

Visit no:

Study ID No.

Patient initials:

N .

Since your last visit for this study\*\* that date was \_\_\_/\_\_\_/\_\_\_ due to asthma, breathing difficulties, chest infections or allergic reactions of nose and/or eyes:

**1. Have you been to hospital? (Admission, A&E or Outpatient)** (if you need more space for any response please add extra sheet(s) of paper)

Date	What was (were) the reason(s)?	A&E <input type="checkbox"/>	Out-patient <input type="checkbox"/>	Admitted?		For this visit (& recovery period), did you take time off work? (days/hours)				Anyone take time off work to transport or care for you		How go to hospital? By bus, taxi, Ambulance, paid carer, friend, your car?
				yes <input type="checkbox"/>	No. nights	days	hours	days	Hours	How much?	Their job?	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	Hours			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	Hours			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	Hours			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	Hours			

**2. Have you been to see, or called, any GP, nurse, on call service, or other health professional or alternative practitioner?**

For example: physiotherapist, homeopath, psychologist, acupuncturist, emergency cover GP

Date	What was (were) the reason(s)?	Who did you see or talk to?	How seen?		Where? (home, surgery, clinic, A&E or other)	When?			For you: time off work?		Anyone take time off work to transport or care for you		
			in person <input type="checkbox"/>	phone <input type="checkbox"/>		surgery hrs.	6-10PM	10PM-8AM	days	hours	days	hours	Their job?
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	

\*\* "last visit" refers to the previous scheduled visit to your GP for the ELEVATE Study. The 7 scheduled study visits are at 0, 2, 10, 26, 52, 78 & 104 weeks.



