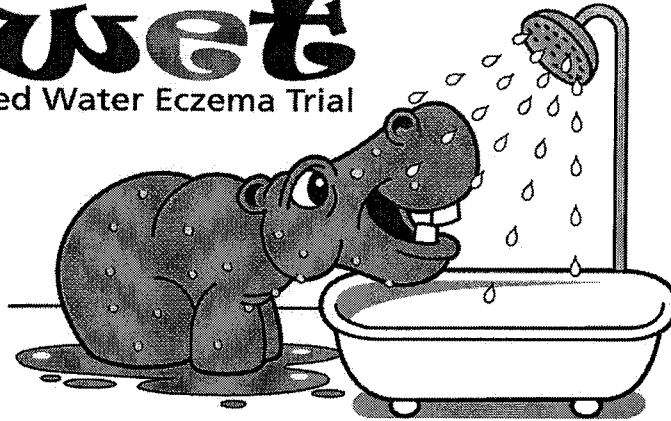


trial ref
="0504"

swet
Softened Water Eczema Trial



Daily symptom diary – DIARY 1

Initials: _____

Study Number: refno

Date diary started: _____

Date diary finished: _____

If you have any questions about clinic appointments, completing this diary etc. please contact your local research nurse:

Mrs Sue Davies-Jones
Centre of Evidence Based Dermatology
University of Nottingham
Nottingham NG7 2NR
Tel: 0115 846 8694 (Mob: 07982 466230)

If you have any questions about the water softener please do **NOT** contact your local research nurse, as she must not know if you have a water softener installed when she checks your child's eczema. Instead please contact the Trial Manager in Nottingham. Karin will be happy to discuss any aspect of the trial with you, and will phone you back if you leave a message:

Karin Koller, SWET Trial Manager
Centre of Evidence Based Dermatology
University of Nottingham, Nottingham NG7 2NR
Tel: 0115 846 8623 (answer machine evenings/week-ends)
Email: swet@nottingham.ac.uk

What does the study involve?

This study has been designed to help us find out if household water softeners improve childhood eczema. We will assess your child's eczema before and after your water has been softened.

What do I need to do?

SYMPTOM DIARY

The information you need to record in this symptom diary is very simple and quick to collect. However, it does need to be recorded EVERY day. This information is vital to the success of the study. As you know, the symptoms of eczema can change very quickly and it is important that we capture such changes.

You may find some of the following ideas helpful.

- Complete the DAILY CHART every evening just before your child goes to bed.
- Encourage your child to help you decide which answer to pick. Use the stickers to reward your child for completing each week, and for wearing the Actiwatch™ during the first 7 nights.
- Choose one member of the family who is best able to help your child to complete the diary. That person should be the only person to help complete the diary, if possible.
- If you are not able to fill in the diary one evening – don't worry; just fill it in as soon as you can (while you can still remember what your child's eczema was like).

WATER SOFTENER

If your home has a water softener installed at the moment, you will need to:

- Check the **salt level** once a week
- Send a **water sample** for hardness checking once a week.

Instructions for doing this are in the separate Water Softener Information Sheet

Please do **NOT** write down in this diary the date when you have the water softener installed, because it is important that the research nurse does not know whether you are in Group A (softener for first 12 weeks) or Group B (softener for last 4 weeks). The water engineer will tell the co-ordinating centre in Nottingham the dates when you have the softener installed and uninstalled.

Please start filling in this diary on the same day you meet the research nurse. Leave the previous days blank in Week 1 and use a new column for each day. There are 4 things you need to record:

1. Symptoms

On a scale of 0 to 10 how much bother their eczema has been that day.

2. Treatments

If your child's eczema needs treatment, you are free to apply your child's normal eczema treatments, but it would be useful to know what you have used.

Your child's creams are: *(to be completed by parent after discussion with nurse, if applicable)*

Steroid: _____

Protopic/Elidel: _____

DRC

"Stepping Up" your child's treatment means: *(to be completed by parent after discussion with nurse)*

stepdet 1-3

3. Health care visits

Make a note in the daily chart if you visit your child's GP, nurse or pharmacist about their eczema.

4. Prescriptions and products bought (PAGES 18 and 19)

Make a note of any prescriptions received related to your child's eczema, and any products that you have bought because of your child's eczema.

weekno = 2
WEEK 2


ORC

DAILY CHART - please fill in each day

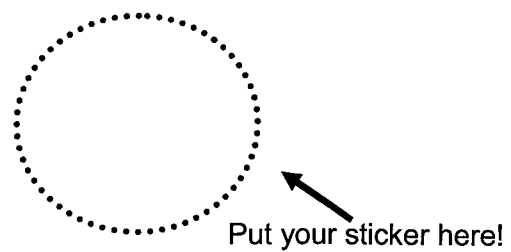
| eczno | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | eczno | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | |
| Did you need to "Step Up" treatment today? ("Stepping Up Treatment" is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <i>gp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <i>dr</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <i>nos p</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <i>snurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <i>visitor</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <i>pnurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <i>pharm</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* General Eczema Score 0 = no bother at all; 10 = the most bother you can imagine

** Protopic = Tacrolimus; Elidel = Pimecrolimus

 **REMINDER: IF YOUR HOME HAS A WATER SOFTENER INSTALLED AT THE MOMENT, REMEMBER TO CHECK THE SALT LEVEL ONCE A WEEK, and SEND A SAMPLE OF WATER FOR HARDNESS CHECKING EACH WEEK**

Thank you for completing this week



WEEK 1 – continued

☺ **REMINDER:** Your child needs to wear their Actiwatch™ this week.



WATCH

weekno = 1

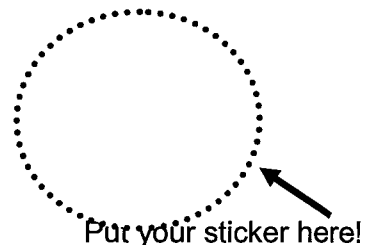
Actiwatch™ for WEEK 1, starting start

Wearing the ACTIWATCH for the first 7 nights

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|-------|-------|-------|-------|-------|-------|-------|
| Day of the week? | day1 | day2 | - | - | - - - | - - - | day7 |
| Was the watch worn? Enter Yes or No | worn1 | worn2 | - | - | - - - | - - - | worn7 |
| If the watch was worn please add a sticker | | | | | | | |

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Thank you for completing this week



weekno = 1
WEEK 1

DRC cont.

DAILY CHART – please fill in each day

Start Date: recno stclat day

Day of week started: stclay

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | ecno | | | | | | |
| Did you apply steroid cream? Enter YES or NO | sterad | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsterad | | | | | | |
| Did you need to "Step Up" treatment today? ("Stepping Up Treatment" is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <u>gp</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <u>dr</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <u>hosp</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <u>snurse</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <u>visitor</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <u>pnurse</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <u>pharm</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Eczema Score 0 = no bother at all; 10 = the most bother you can imagine

** Protopic = Tacrolimus; Elidel = Pimecrolimus

weekno = 3
WEEK 3

DRC cont.

DAILY CHART – please fill in each day

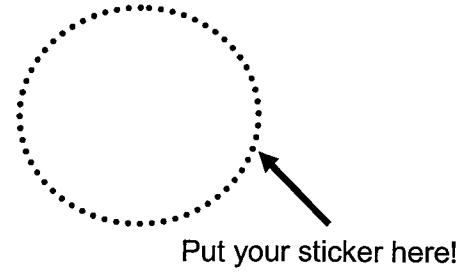
| recno | day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|----------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | eczema | | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | | |
| Did you need to "Step Up" treatment today? ("Stepping Up Treatment" is explained on page 3) Enter YES or NO | stepup | | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | | |
| GP | gp | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital | dr | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital | hospt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse | snurse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor | visitor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse | pnurse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist | pharm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Thank you for completing this week



weekno = 4

WEEK 4

DEC cont.

DAILY CHART – please fill in each day

day

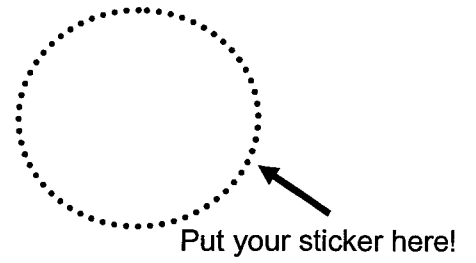
| ecno | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | eczno | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | |
| Did you need to "Step Up" treatment today? (“Stepping Up Treatment” is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <i>gp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <i>dr</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <i>hosp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <i>snurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <i>visitor</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <i>pnurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <i>pharm</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Thank you for completing this week



weekno = 4

“EXTRA WEEK if needed”

Note: recno continues from weekno4.

Daily Chart – please fill in each day. Date Started stdat

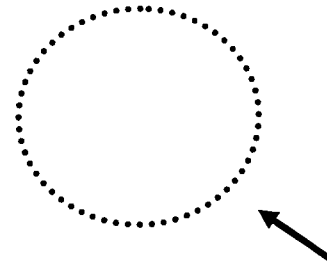
| recno | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | eczno | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | |
| Did you need to “Step Up” treatment today? (“Stepping Up Treatment” is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <u>gp</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <u>dr</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <u>hosp</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <u>snurse</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <u>visitor</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <u>pnurse</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <u>pharm.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Thank you for completing this week



Put your sticker here!

week no = 4

“EXTRA WEEK” if needed


Note: recno continues from p12

Daily Chart – please fill in each day. Date Started st dat

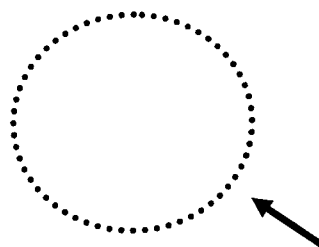
| recno | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | ec3no | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | |
| Did you need to “Step Up” treatment today? (“Stepping Up Treatment” is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <i>gp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <i>dr</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <i>no</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <i>snurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <i>visitor</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <i>pnurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <i>pharm</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Thank you for completing this week



Put your sticker here!

weekno = 4

Note: recno continues from P14
 "EXTRA WEEK" if needed

DAILY CHART – please fill in each day DATE STARTED: start

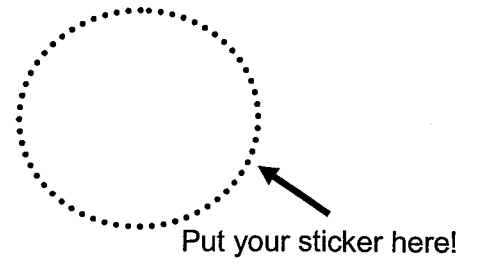
| recno | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your child sleeping at home tonight? Enter Yes or No | home | | | | | | |
| Eczema score * (0 – 10) (How much bother has your child's eczema been today?) | eczno | | | | | | |
| Did you apply steroid cream? Enter YES or NO | steroid | | | | | | |
| Did you apply Protopic or Elidel **? Enter YES or NO | nsteroid | | | | | | |
| Did you need to "Step Up" treatment today? ("Stepping Up Treatment" is explained on page 3) Enter YES or NO | stepup | | | | | | |
| Health care contact (related to child's eczema) – please tick | | | | | | | |
| GP <i>gp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor at hospital <i>dr</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been admitted to hospital <i>hosp</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist Nurse <i>snurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health visitor <i>visitor</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practice Nurse <i>pnurse</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacist <i>pharm</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Thank you for completing this week



weekno = "1-4"

Use this table to record any PRESCRIPTIONS received in the last 4 weeks which were related to your child's eczema:

PRESCRIP

| recno | Prescription type / name of cream or medicine | Dose or size of tube |
|-------|---|----------------------|
| 1 | mednam | dose tube |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Record of Costs

COSTS

weekno = "1-4"

As part of the trial, we are also collecting information about the cost of treating childhood eczema. These include costs that you have to pay (e.g. the cost of creams or treatments bought over-the-counter).

Use this table to record any products that you have bought because of your child's eczema.

| recno | Product | Date Bought | Cost |
|-------|---------|-------------|------|
| 1 | product | buydat | cost |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Other costs – please give details:

othdet 1-3

Ready for another diary?

- This is the first of your 4 diaries
- Please bring this diary and the Actiwatch™ with you to your 4-week clinic visit.
- The research nurse will give you the second and third diaries at your 4 week clinic visit.
- Your 4-week clinic visit is on:

DATE:

TIME:

- If you run out of 'weeks' there are 'extra weeks' to use at the end of each diary.

swet
Softened Water Eczema Trial



Don't forget to bring
the ACTIWATCH™
and diary and all your
eczema creams when
you see the Nurse