



TORPEDO-CF

Health Service Diary

Participant initials

Randomisation number

Centre use only:

Please confirm at which time point this questionnaire was given to the participant

Baseline 3 Months 6 Months 9 Months 12 Months

Date issued

Date completed

Thank-you



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 onto the TORPEDO-CF 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 Cystic Fibrosis (CF) has affected your usual activities.

In this form we are only interested in recording information directly related to the care and treatment of your CF, or as a consequence of any complications associated with this condition.

SECTION A: CONTACT WITH YOUR FAMILY DOCTOR AND OTHER COMMUNITY SERVICES

1) 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 CF since your last TORPEDO-CF 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
Doctor at surgery	
Nurse at surgery	
Doctor at walk-in centre	
Nurse at walk-in centre	
Other (specify):	

2) 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 because of your CF since your last TORPEDO-CF study visit?
(Note this only includes visits made to your home or normal place of residence)

Yes No If yes, please complete the table below

Health care professional seen	Number of home visits
GP	
Community / District Nurse	
Health Visitor	
CF Nurse	
CF Physiotherapist	
Occupational Therapist	
Other (specify):	

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SECTION E: TRAVEL COSTS

11) Please tell us if you have had to travel to the hospital, your family doctor (general practitioner) or pharmacy because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Journeys made	Mode of travel (Please circle)			Cost of return fare or mileage for 1 journey	Estimated time taken for each visit
To hospital	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	
To GP surgery	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	
To Pharmacy	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	
	Car	Bus	Taxi	Other	

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SECTION D: AIDS AND APPLIANCES

10) Please tell us whether you bought or received any aids or appliances because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Type	<input checked="" type="checkbox"/> if received from NHS / Social Services	<input checked="" type="checkbox"/> if bought	Quantity (if applicable)	Private Cost (£) (if applicable)
1 Pillow	<input type="checkbox"/>	<input type="checkbox"/>		
2 Anti allergy bed covers	<input type="checkbox"/>	<input type="checkbox"/>		
3 Peak flow medicine	<input type="checkbox"/>	<input type="checkbox"/>		
4 other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
5 other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

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3) Out-of-hours care. Did you receive any home visits from a doctor (general practitioner) or any other health care professional after 6pm or before 8.30am or at anytime during the weekend because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Health care professional seen	Number of home visits
GP	
Community / District Nurse	
Health Visitor	
CF Nurse	
CF Physiotherapist	
Occupational Therapist	
Other (specify):	

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4) Have you had any contact with any other community-based health or social care professionals, or complementary therapists, because of your CF since your last TORPEDO-CF study visit?

(Note: please exclude any contacts already listed in questions 1, 2 or 3)

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 TORPEDO-CF study visit	Average amount of time per contact (e.g. 10 minutes, 1 hour)	Did you pay anything? (if yes, total amount spent on this service since last TORPEDO-CF study visit)
Social worker				
Home care worker				
Other: (specify)				
Other: (specify)				

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9) Have any over-the-counter medicines or treatments been bought for you (e.g. from a pharmacist) because of your CF since your last TORPEDO-CF study visit?

(Include painkillers, heat or massage oils etc, as well as any herbal or complementary remedies bought)

Yes No If yes, please complete the table below

Medicines / Preparation Bought	Cost (£)
1	
2	
3	
4	
5	
6	

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SECTION C: MEDICINES

8) Were any additional medicines (inhalers, painkillers, antibiotic drugs, etc.) prescribed for you because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Medicine / Drug Received					Amount Prescribed		
Medicine / Drug Received	Number of tablets per dose	Times taken per day	Unit of Dose (amount taken on each occasion)	Number of days or weeks supplied			
<i>Example: Patient prescribed a 5 day course of Amoxicillin capsules of 250mg, 1 to be taken 3 times a day for respiratory problems.</i> Amoxicillin	1	3	250mg	5 days			
1							
2							
3							
4							

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SECTION B: HOSPITAL CONTACTS

5) Have you attended any hospital's accident and emergency department because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Date (if known)	Hospital	Reason	Indicate whether: Admitted / Discharged
dd/mm/yyyy			<input type="checkbox"/> Admitted <input type="checkbox"/> Discharged
dd/mm/yyyy			<input type="checkbox"/> Admitted <input type="checkbox"/> Discharged
dd/mm/yyyy			<input type="checkbox"/> Admitted <input type="checkbox"/> Discharged

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6) Have you been admitted to hospital as an in-patient because of your CF since your last TORPEDO-CF study visit?

Yes No If yes, please complete the table below

Date admitted (if known)	Hospital	Reason	Date Discharged (if known) or number of days spent in hospital (if known)
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			

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7) Have you attended any hospital as an outpatient because of your CF since your last TORPEDO-CF 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			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			

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