Thank you for completing this diary, please return it to the hospital at your next visit or when the trial Nurse/Doctor asks for it.
It is very important that you complete all sections of this diary, if you have any questions please contact the study team at the hospital or speak to them at your next study visit.

**Pages 3 – 4**
Please record on these pages the date and time of your study injections. We would also like to know how much of the study drug you have taken at each time and where the drug was taken, please record this in the space given. Please also record the number on the vial when you have your injection. We would also like to know if you have had any side effects after your treatment such as headaches, nausea or a rash. We would also like you to record when you have your Methotrexate. Please complete the table on page 4 each time you take Methotrexate.

**Page 5**
We would like to know if you are taking any other medicines such as Paracetamol etc at the same time period that you are having your study injections. Please record any other medicines on the table on page 5, please complete all rows in the table for each medicine. Please leave this table blank if you have not taken any other medicines.

**Pages 6 – 7**
We would like to know if you have had any support from other services, such as your GP or School Nurse. We would also like to know if you have had any trips to the hospital that have not been part of the SYCAMORE trial. Please answer the questions on pages 6 and 7 as completely as you can.

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**How to complete this diary**

<table>
<thead>
<tr>
<th>Ward specialty (e.g. Paediatrics, Rheumatology)</th>
<th>Total number of nights spent in Hospital</th>
<th>Total number of visits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any hospital admissions since your last SYCAMORE study visit? Reason for Admission 1:</td>
<td>Reason for Admission 2:</td>
<td>Reason for Admission 3:</td>
</tr>
<tr>
<td>Have you had any hospital visits since your last SYCAMORE visit that has not involved overnight admission? Reason for Visit 1:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you used any of these services since your last SYCAMORE hospital visit? If yes please provide the number of visits.

GP (family doctor): Yes ☐ No ☐ Number of Visits __________

Practice/District Nurse: Yes ☐ No ☐ Number of Visits __________

Physiotherapist: Yes ☐ No ☐ Number of Visits __________

Occupational Therapist: Yes ☐ No ☐ Number of Visits __________

Optician: Yes ☐ No ☐ Number of Visits __________

Social Worker: Yes ☐ No ☐ Number of Visits __________

Psychologist: Yes ☐ No ☐ Number of Visits __________

School Nurse: Yes ☐ No ☐ Number of Visits __________

School Counsellor: __________

Help in school (Mentor, Teaching Assistant): __________

Please list any visual aids or other appliances that you have received since your last SYCAMORE hospital visit

Are you in full time education? Yes ☐ No ☐

If yes, have you been off sick from school/college since your last study visit?

Yes ☐ No ☐

If yes, how many days in total have you been off sick in the last study visit?

Total Number __________
Details of Methotrexate treatment taken:

<table>
<thead>
<tr>
<th>Date received from Pharmacy</th>
<th>Batch/Lot Number</th>
<th>Manufacturer</th>
<th>Strength (e.g. 1mg/ml)</th>
<th>Quantity Supplied (e.g. 100ml)</th>
<th>Date and Time Methotrexate taken</th>
<th>Cost of medication</th>
<th>Date medication started</th>
<th>Dose frequency e.g. 2 tablets twice a day</th>
<th>Dose taken e.g. 5ml</th>
<th>Name of other medication taken</th>
<th>Dose taken e.g. 2 tablets,</th>
<th>Date medication stopped</th>
</tr>
</thead>
</table>