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**Your Health care Diary**

**Period:**

**This diary is designed to record your visits to hospitals and to your GP, how much time you have had off work if applicable, your blood pressure readings, the results of your cholesterol blood tests and the medications you have been taking.**

**We encourage that you visit your GP in between trial clinic appointments to have your blood pressure and cholesterol checked.**

**Please complete the following questions for the period between follow up appointments with the research team and bring the diary along to your next appointment with the ECST-2 team.**

**Thank you very much in advance for completing this form.**

**If you have any questions about this form please do not hesitate to contact the ECST-2 research team office on Tel: 020 34483870 or +44 (0) 20 34483870 if phoning from abroad.**

**Blood Pressure (BP)**

|  |  |  |
| --- | --- | --- |
|  | **Systolic blood pressure (top figure) mmHg** | **Diastolic blood pressure (bottom figure) mmHg** |
| **Target hospital/clinic BP** |  |  |
| **Target home BP** |  |  |
|  | |

The values above are your ‘target’ BPs. Your average BP reading should be below the target for both the top figure (systolic BP) and the bottom figure (diastolic BP). There are two target values; one for when you have your BP measured in a hospital or GP/family doctor’s clinic and one for when you measure your BP at home. If your average BP is above the home or clinic target, please ask your doctor to adjust your dose or type of BP medications

Please fill in the table below with below with blood pressure measurements you have had done at your GP/family doctor’s clinic or blood pressure results you have checked yourself at home. Please also note the date when BP was taken.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date measured** | **Measured at home, hospital clinic, GP surgery** | **Systolic blood pressure (top figure) mmHg** | **Diastolic blood pressure (bottom figure) mmHg** |
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**Cholesterol**

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| --- | --- | --- |
|  | **Total cholesterol mmol/L** | **LDL cholesterol mmol/L** |
| **Target levels** | <4.0mmol/L | <2.0mmol/L |
|  | |

The values above are your ‘target’ cholesterol levels including total cholesterol and LDL. Your cholesterol levels should be below the target figure. If your LDL cholesterol level is above the target or you have only had the total cholesterol measured and this is above the target, please ask your GP to increase or change your medication. After the change in your medication, please arrange to have your blood test for cholesterol levels repeated, preferably fasting, 6 weeks after the change

Please fill in the table below with below with cholesterol measurements you have had done at your GP/family doctor’s clinic. Please also note the date when the blood test was done.

|  |  |  |
| --- | --- | --- |
| **Date measured** | **Total cholesterol mmol/L** | **LDL cholesterol mmol/L** |
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**Hospital treatments**

**If none of the questions apply to you please fill in a zero/0**

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| --- | --- |
| How many times, if any, have you attended the emergency department? |  |
| How many nights, if any, have you been in hospital as an inpatient since you were last at this clinic? |  |
| How many days, if any, have you been admitted to a day ward in hospital without staying overnight? |  |
| How many times, if any, have you had an appointment with a doctor in the hospital or have you attended a clinic appointment? (please do not count physiotherapy, occupational therapy or speech and language therapy visits here; they are counted separately below) |  |
| How many, if any, of these clinic appointments have been with a Neurologist or Stroke Specialist? |  |

**Primary Care Contacts**

|  |  |  |
| --- | --- | --- |
| How many times, if any, have you visited your NHS GP in the GP practice? | |  |
| How many times, if any, has your GP visited you at home? | |  |
| How many times, if any, have you phoned your NHS GP? | |  |
| How many times, if any, have you phoned NHS Direct? | |  |
| How many times, if any, has a NHS nurse visited you at home? | |  |
| How many times, if any, have you seen a NHS nurse at the surgery or health centre? | |  |
| How many times, if any, have you had to phone a NHS nurse? | |  |
| How many times, if any, have you seen a NHS physiotherapist in each of the following locations? |  | |
| At the hospital |  |
| In a community centre or GP clinic |  |
| Home |  |
| How many times, if any, have you seen a NHS occupational therapist in each of the following locations? |  | |
| At the hospital |  |
| In a community centre or GP clinic |  |
| Home |  |
| How many times, if any, have you seen a NHS speech and language therapist in each of the following locations? |  | |
| At the hospital |  |
| In a community centre or GP clinic |  |
| Home |  |

|  |  |
| --- | --- |
| How many times, if any, have you used any other health service contact?  Give details please………………………………………………………………………  ………………………………………………………………………………………….  ………………………………………………………………………………………….  …………………………………………………………………………………………. |  |

**Days off work**

Are you retired? Yes ☐ No ☐

**If you are still working please answer the following questions:**

How many days, if any, have you had to take off work because of sickness or to attend hospital/GP/clinics or other health services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days, if any, have friends or relatives had to take off work to help you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all the medication you have taken since your last review by the trial research staff?**

If a medication is stopped or the dose changed, write the date of the change in the appropriate column. Fill in a new line for the new drug or dose.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Drug** | **Dose** | **How many times per day** | **Date when started taking medication** | **Date stopped (if applicable) or date when dose was changed** |
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