Patient ID P T - -

Given at which visit? TREATMENT VISIT

PART

Partial prostate Ablation versus Radical prosTatectomy

Diary of your healthcare and social service use

This diary is for you to record your use of health and social care services from now until your next study clinic visit. We are interested in any contact you have had with doctors, nurses and other professionals like physiotherapists or occupational therapists in relation to your prostate treatment and symptoms. However, we do not need you to write down appointments with the PART study nurse because these are already recorded by us. There are four sections to the diary; please complete all 4 sections where relevant:

- **SECTION 1** (pages 2-5): how many times you have had to see or talk to a doctor or nurse or other healthcare professional in relation to your prostate cancer, and what for, including hospital admissions.
- **SECTION 2** (page 6): What special medications, aids and adaptations you have bought or had prescribed to you to help you with your prostate cancer and treatment- related symptoms.
- **SECTION 3** (page 7): How many days you have felt too unwell to participate in your normal activities due to your prostate cancer-related symptoms.
- **SECTION 4** (page 8): Details of any travel you have made for your health care appointments.

This form is to cover the period from this study clinic visit until your next scheduled study clinic visit:

Start date:	Finish date:

You can take the form with you and complete the relevant sections.

SECTION 1: Contact with health or social care professionals

Please use this section like a diary to note down each time you have had to contact a healthcare professional (planned or unplanned). If you have had to go to accident and emergency (A&E/casualty) or had a stay in hospital, there are special sections 1B & 1C (page 5) to record this.

SECTION 1A: contact with doctors, nurses or healthcare professionals

Visit / contact 1

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

Visit / contact 2

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 3

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 4

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 5

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 6

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 7

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 8

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 9

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

Visit / contact 10

Date of contact ___/___/_____ Was this contact: In person / by phone *(circle)*

Who did you visit/contact? *Please tick one*

- ❑ GP
- ❑ Practice nurse
- ❑ District nurse
- ❑ Macmillan nurse
- ❑ Physiotherapist
- ❑ Occupational therapist
- ❑ Counsellor
- ❑ Dietician
- ❑ Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor
- ❑ hospital nurse/nurses in a clinic with no doctors present
- ❑ Other healthcare professional *please specify*_____

What happened? *Please tick all that apply*

- ❑ Took blood for PSA test
- ❑ Discussed PSA results
- ❑ Discussed tumour growth/spread
- ❑ Discussed treatment
- ❑ Discussed urine problems
- ❑ Discussed bowel problems
- ❑ Discussed sexual problems
- ❑ Discussed anxiety or depression
- ❑ Had hormone injection, e.g. zoladex
- ❑ Referral to another agency (e.g.physio)
- ❑ Aids or equipment, e.g. inco pads
- ❑ Discussed fatigue or hormonal problems
- ❑ Something else *please specify*_____

_____

SECTION 1B: visits to A&E

1. **Visit to A&E**			
Date of visit:	___/___/_____	Did you go by emergency ambulance?	Y/N
Reason for visit:	_____		
Were you admitted?	Y / N	If yes, please complete hospital admissions section below	
2. **Visit to A&E**			
Date of visit:	___/___/_____	Did you go by emergency ambulance?	Y/N
Reason for visit:	_____		
Were you admitted?	Y / N	If yes, please complete hospital admissions section below	
3. **Visit to A&E**			
Date of visit:	___/___/_____	Did you go by emergency ambulance?	Y/N
Reason for visit:	_____		
Were you admitted?	Y / N	If yes, please complete hospital admissions section below	

Section 1C: hospital in-patient stays

1. **Admitted to hospital**			
Date admitted:	___/___/_____	Date discharged:	___/___/_____
Reason for admission:	_____		
Treatment received:	_____		
2. **Admitted to hospital**			
Date admitted:	___/___/_____	Date discharged:	___/___/_____
Reason for admission:	_____		
Treatment received:	_____		
3. **Admitted to hospital**			
Date admitted:	___/___/_____	Date discharged:	___/___/_____
Reason for admission:	_____		
Treatment received:	_____		

SECTION 2: Medicines, aids and adaptations

If you have taken any medicines or used any aids or adaptations that were either prescribed for you by your GP or hospital doctor, or purchased yourself, please complete the following table. We have suggested some medicines or devices you may have been given or recommended, and left some space for you to complete anything else that applies.

Name of medicine/aid/adaptation	Purchased or prescribed (please delete one)	Usage or dose per day	How many weeks have you used it?
Drugs or devices for erection problems (please delete as appropriate or list)			
Medication: Viagra/Cialis/Levitra	prescribed		
Injection of alfaprostadil (Caverject/ Viridal duo) or urethral application (MUSE)	prescribed		
Vacuum devices	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
Medicines or devices for managing urinary problems (please list)			
Incontinence pads	purchased / prescribed		
Catheter	purchased / prescribed		
Bed pads	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
Other medicines or therapy for treatment-related problems (e.g. for anxiety or depression, pain etc)			
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
Other aids or devices for treatment-related problems			
Ring cushion	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		

SECTION 3: Your ability to do your usual activities

Are you in paid employment? Please delete as appropriate	Y / N

Please record any days during this period where your health has affected your ability to carry out your usual activities (e.g. paid work, voluntary work, child care, cooking or cleaning, gardening, hobbies, shopping). Place an 'X' in the box corresponding to each day you were unable to do your usual activities.

Example:
The example below would mean that, during the week starting 15rd December 2014, you felt too unwell to do your usual activities on Tuesday and Wednesday.

Week no:	Week beginning	Day of the week						
		Mon	Tue	Wed	Thurs	Fri	Sat	Sun
2	Monday **15/12/14**		X	X				
Week no:	**Week beginning**	**Day of the week**						
		Mon	**Tue**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
1	Monday ___/___/_____							
2	Monday ___/___/_____							
3	Monday ___/___/_____							
4	Monday ___/___/_____							
5	Monday ___/___/_____							
6	Monday ___/___/_____							
7	Monday ___/___/_____							
8	Monday ___/___/_____							
9	Monday ___/___/_____							
10	Monday ___/___/_____							
11	Monday ___/___/_____							
12	Monday ___/___/_____							

SECTION 4: Travel – how you got to and from your appointment

Where you have had to travel to your GP or the hospital for appointments or treatment please can you document the total miles travelled or the total cost of your **return** journey.

Date of health service contact	Place *(circle one)*	Type of transport used - total miles or cost of return journey where applicable			
		Car (miles)	Taxi (£_.__)	Public transport (£_.__)	Hospital transport (miles)
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
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___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				
___/___/______	1. GP 2. Inpatient hospital 3. Outpatient hospital 4. A&E				

Thank you for your time.

Please remember to bring this diary with you to your next study clinic visit.