## Report Supplementary Material File 2 PART patient resource use diary

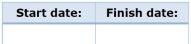
Patient ID	P T		Α	RT	
Given at which visit?	TREATMENT VISIT	<u>P</u> artial prostate	<u>A</u> blation ver	sus <u>R</u> adical pros	<u>T</u> atectomy
which visit?					

## 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:



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

Vho did you visit/contact	2 Planca tick and					
- · · · · · · · · · · · · · · · · · · ·	Please LICK ONE					
GP Physiotherapist	<ul> <li>Practice nurse</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>				
	oncologist or	<ul> <li>hospital nurse/nurses in a clinic with no doctors present</li> </ul>				
Vhat happened? <i>Please ti</i>	ick all that apply					
Took blood for PSA test	Discussed PSA results	<ul> <li>Discussed tumour</li> <li>Discussed treatment growth/spread</li> </ul>				
Discussed urine problems						
Had hormone injection, e.g.						
		inco pads				
	<ol> <li>Physiotherapist</li> <li>Hospital doctor (e.g. or surgeon), or hospital</li> <li>Other healthcare prof specify</li> <li>What happened? Please to Took blood for PSA test</li> <li>Took blood for PSA test</li> <li>Discussed urine problems</li> <li>Had hormone injection, e.g. zoladex</li> <li>Something else please</li> </ol>	<ul> <li>Physiotherapist</li> <li>Occupational therapist</li> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> <li>Other healthcare professional <i>please specify</i></li> <li>Vhat happened? <i>Please tick all that apply</i></li> <li>Took blood for PSA Discussed PSA test</li> <li>Discussed urine Discussed bowel problems</li> <li>Had hormone Referral to another agency zoladex</li> <li>Something else <i>please</i></li> </ul>				

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	Date of contact//	Was this contact: In person / by phone (circle)
	Who did you visit/contact? Please tick one	
Visit / contact 2	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Physiotherapist</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> </ul>	hospital nurse/nurses in a clinic with no doctors present
Ē	<ul> <li>Other healthcare professional please specify</li> </ul>	
O	What happened? <i>Please tick all that apply</i>	
~	Took blood for PSA Discussed PSA test results	Discussed tumour Discussed treatment growth/spread
sit	<ul> <li>Discussed urine</li> <li>Discussed bowel</li> </ul>	Discussed sexual Discussed anxiety or
Š	problems problems Had hormone Referral to	problems depression Aids or Discussed fatigue or
	injection, e.g. another agency	equipment, e.g. hormonal problems
	zoladex (e.g.physio) Something else <i>please</i>	inco pads
	specify	
	Date of contact//	Was this contact: In person / by phone (circle)
	Who did you visit/contact? <i>Please tick one</i>	
ŝ	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Physiotherapist</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
act	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> </ul>	<ul> <li>hospital nurse/nurses in a clinic with no doctors present</li> </ul>
Visit / contact	Other healthcare professional <i>please</i> specify	
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<b>\</b>	Took blood for PSA     Discussed PSA	Discussed tumour Discussed treatment
sit	test results Discussed urine Discussed bowel	growth/spread <ul> <li>Discussed sexual</li> <li>Discussed anxiety or</li> </ul>
Ś	problems problems Had hormone Referral to	problems depression Aids or Discussed fatigue or
-	injection, e.g. another agency	equipment, e.g. hormonal problems
	zoladex (e.g.physio) Something else <i>please</i>	inco pads
	specify	
	Date of contact//	Was this contact: In person / by phone (circle)
	Who did you visit/contact? Please tick one	
4	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Physiotherapist</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
Visit / contact	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> </ul>	<ul> <li>hospital nurse/nurses in a clinic with no doctors present</li> </ul>
Ita	<ul> <li>Other healthcare professional <i>please</i></li> </ul>	prosent
0	specify	
O	What happened? <i>Please tick all that apply</i>	
t/	<ul> <li>Took blood for PSA Discussed PSA test</li> <li>Took blood for PSA test</li> </ul>	Discussed tumour Discussed treatment growth/spread
S	<ul> <li>Discussed urine problems</li> <li>Discussed bowel problems</li> </ul>	<ul> <li>Discussed sexual</li> <li>Discussed anxiety or depression</li> </ul>
>	□ Had hormone □ Referral to	Aids or Discussed fatigue or
	injection, e.g. another agency zoladex (e.g.physio)	equipment, e.g. hormonal problems inco pads
	<ul> <li>Something else please specify</li> </ul>	

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	Date of contact//	Was this contact: In person / by phone (circle)
tact 5	Who did you visit/contact? Please tick one	
	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Physiotherapist</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> <li>Other healthcare professional <i>please</i></li> </ul>	hospital nurse/nurses in a clinic with no doctors present
NO	specify What happened? Please tick all that apply	
Visit / contact	<ul> <li>Took blood for PSA test</li> <li>Discussed urine problems</li> <li>Had hormone injection, e.g. zoladex</li> <li>Something else please specify_</li> <li>Discussed problems</li> <li>Referral to another agency (e.g.physio)</li> </ul>	<ul> <li>Discussed tumour growth/spread</li> <li>Discussed sexual problems</li> <li>Aids or equipment, e.g. inco pads</li> <li>Discussed anxiety or depression</li> <li>Discussed fatigue or hormonal problems</li> </ul>
	Date of contact//	Was this contact: In person / by phone (circle)
	Who did you visit/contact? Please tick one	
t 6	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Physiotherapist</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
tac	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> <li>Other healthcare professional <i>please</i></li> </ul>	<ul> <li>hospital nurse/nurses in a clinic with no doctors present</li> </ul>
NO	specify	
Visit / contact	<ul> <li>What happened? <i>Please tick all that apply</i></li> <li>Took blood for PSA Discussed PSA results</li> <li>Discussed urine problems</li> <li>Had hormone Injection, e.g. zoladex</li> <li>Something else <i>please specify</i></li> </ul>	<ul> <li>Discussed tumour growth/spread</li> <li>Discussed sexual problems</li> <li>Aids or equipment, e.g. inco pads</li> <li>Discussed fatigue or hormonal problems</li> </ul>
	Date of contact//	Was this contact: In person / by phone (circle)
	Who did you visit/contact? Please tick one	
2	<ul> <li>GP</li> <li>Physiotherapist</li> <li>Practice nurse</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
Visit / contact	<ul> <li>Hospital doctor (e.g. oncologist or surgeon), or hospital clinic with a doctor</li> <li>Other healthcare professional <i>please</i> specify</li></ul>	hospital nurse/nurses in a clinic with no doctors present
S	What happened? <i>Please tick all that apply</i>	
~	□ Took blood for PSA □ Discussed PSA	Discussed tumour Discussed treatment
Visit	test       results         Discussed urine       Discussed bowel         problems       problems         Had hormone       Referral to         injection, e.g.       another agency         zoladex       (e.g.physio)         Something else please       specify	growth/spread Discussed sexual problems Aids or equipment, e.g. inco pads Discussed anxiety or depression Discussed fatigue or hormonal problems

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	Date of contact	/	Was this contact: In person / by phone (circle)
	Who did you visit/contact?	Please tick one	
sit / contact 8	<ul><li>GP</li><li>Physiotherapist</li></ul>	<ul> <li>Practice nurse</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
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б	specify		
Ŭ	What happened? Please tick	k all that apply	
>	Took blood for PSA	Discussed PSA	<ul> <li>Discussed tumour</li> <li>Discussed treatment</li> </ul>
Visit	<ul> <li>test</li> <li>Discussed urine problems</li> <li>Had hormone injection, e.g. zoladex</li> </ul>	<ul> <li>results</li> <li>Discussed bowel problems</li> <li>Referral to another agency (e.g.physio)</li> </ul>	growth/spread Discussed sexual problems Aids or equipment, e.g. inco pads Discussed anxiety or depression Discussed fatigue or hormonal problems
	Something else <i>please specify</i>		·
	Date of contact	//	Was this contact: In person / by phone (circle)
	Who did you visit/contact?	Please tick one	
б	<ul><li>GP</li><li>Physiotherapist</li></ul>	<ul> <li>Practice nurse</li> <li>Occupational therapist</li> </ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
act	<ul> <li>Hospital doctor (e.g. or surgeon), or hospital cl</li> </ul>	ncologist or	<ul> <li>hospital nurse/nurses in a clinic with no doctors present</li> </ul>
ont	Other healthcare professions specify	ssional <i>please</i>	
ŭ	What happened? Please tick	k all that apply	
'isit / contact	Took blood for PSA test	Discussed PSA results	Discussed tumour Discussed treatment growth (approach
	test Discussed urine	<ul> <li>Discussed bowel</li> </ul>	growth/spread <ul> <li>Discussed sexual</li> <li>Discussed anxiety or</li> </ul>
10	problems	problems	problems depression
	Had hormone injection, e.g.	Referral to another agency	<ul> <li>Aids or equipment, e.g.</li> <li>Discussed fatigue or hormonal problems</li> </ul>
	zoladex	(e.g.physio)	inco pads
	Something else please specify		
	Date of contact	//	Was this contact: In person / by phone (circle)
	Who did you visit/contact?	Please tick one	
10	<ul><li>GP</li><li>Physiotherapist</li></ul>	<ul><li>Practice nurse</li><li>Occupational</li></ul>	<ul> <li>District nurse</li> <li>Counsellor</li> <li>Macmillan nurse</li> <li>Dietician</li> </ul>
Visit / contact 1	Hospital doctor (e.g. or surgeon), or hospital cl		hospital nurse/nurses in a clinic with no doctors present
	<ul> <li>Other healthcare professpecify</li> </ul>		·
0	What happened? Please tick	k all that apply	
~	Took blood for PSA	Discussed PSA	Discussed tumour Discussed treatment
sit /	test Discussed urine	<ul><li>results</li><li>Discussed bowel</li></ul>	growth/spread Discussed sexual Discussed anxiety or
	problems	problems	problems depression
isi'	Had hormone	Referral to	<ul> <li>Aids or equipment, e.g.</li> <li>Discussed fatigue or hormonal problems</li> </ul>
Visi			equipment, e.u. Intributar proplems
Visit	injection, e.g. zoladex	another agency (e.g.physio)	inco pads
Visit	<ul><li>injection, e.g.</li><li>zoladex</li><li>Something else <i>please</i></li></ul>		
Visi	injection, e.g. zoladex		

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## SECTION 1B: visits to A&E

1. Visit to	o A&E					
Date of	f visit:	/	_/	Did you go by emerge ambulance?	ency Y	′/N
Reason visit:	for					
Were y admitte		Y / N	If yes, please co	mplete hospital admiss	ions section bel	w
2. Visit to	o A&E					
Date of	f visit:	/	_/	Did you go by emerge ambulance?	ency Y	′/N
Reason visit:						
Were y admitte		Y / N	If yes, please co	mplete hospital admiss	ions section bel	w
3. Visit to	o A&E					
Date of	f visit:	/	_/	Did you go by emerge ambulance?	ency Y	′/N
Reason visit:						
Were y admitte		Y / N	If yes, please co	mplete hospital admiss	ions section bel	wc

# 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:	

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## **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/adaptationPurchased or prescribed (please delete one)Usage or dose per dayHow many weel have you used in have you used in have you used in have you used in to prescribedDrugs or devices for erection Medication: Viagra/Cialis/Levitraprescribedor prescribedistInjection of alfaprostadil (Caverject/ Viridal duo) or urethral application (MUSE)prescribedististVacuum devicespurchased / prescribedprescribedististpurchased / prescribedpurchased / prescribedististMedicines or devices for managing urinary problems (please list)istististIncontinence padspurchased / prescribedistististMedicines or devices for managing urinary problems (please list)istististIncontinence padspurchased / prescribedistististBed padspurchased / prescribedistististIncontinence padspurchased / prescribedist <th></th>	
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prescribedImage: constraint of the section of the sectio	
Medicines or devices for managing urinary problems (please list)         Incontinence pads       purchased / prescribed         Catheter       purchased / prescribed	
Incontinence pads     purchased / prescribed	
prescribed       Catheter     purchased / prescribed	
prescribed       Catheter     purchased / prescribed	
prescribed	
Bed pads purchased /	
prescribed	
purchased /	
prescribed	
purchased /	
prescribed	
purchased /	
prescribed	
Other medicines or therapy for treatment-related problems (e.g. for anxiety or depresipain etc)	sion,
purchased /	
prescribed	
purchased /	
prescribed	
purchased /	
prescribed	
Other aids or devices for treatment-related problems	
Ring cushion purchased /	
prescribed	
purchased /	
prescribed	
purchased /	
prescribed	
purchased /	
prescribed	

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## SECTION 3: Your ability to do your usual activities

Are you in paid employment? Please delete as appropriate	Y/N
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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 15<sup>rd</sup> December 2014, you felt too unwell to do your usual activities on Tuesday and Wednesday.

Week	Westshening	Day of the week						
no:	Week beginning	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
2	Monday		X	X				
Week	Wook boginning			Day	of the v	veek		
no:	Week beginning	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//							

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**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)		
//	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
//	<ol> <li>GP</li> <li>Inpatient hospital</li> <li>Outpatient hospital</li> <li>A&amp;E</li> </ol>						
/	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.

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