

Study code:

Site ID code:

Participants Study Number:

Initials:

C	K
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X	X
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1	0	0	0	1
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X	X	X
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DOB: 01/Jan/19XX

Principal Investigator: Name Here

Date of diary handover to patient: _____ (DD/MON/YYYY)

As part of this study we would like to know about your care for one year after your discharge from hospital following your knee surgery. We are interested in knowing how many times you need to see healthcare professionals, whether you are admitted to hospital, the medication and equipment you are using, any care you receive from friends and/or family and any time you need to take off work.

We would like you to keep this diary for the **first 6 months** after your operation and ask you to please record your healthcare contacts as you go along. Please have the diary available at your 6 month follow up appointment. We will then give you a new diary to keep until your next appointment.

If you have any problems filling in the diary or have any questions then please do hesitate to contact us.

Thank you for participating in the study.

ADD IN LOCAL DETAILS

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2. Admissions to Hospital

Please record the details of **all** hospital admissions you have.

Date of admission	Number of nights in hospital	How many nights did you spend in intensive care?	What was the reason you were admitted to hospital for?
<i>Example: 10/02/14</i>	<i>3</i>	<i>0</i>	<i>Further knee surgery</i>

3. Medicines

Please record the details of any medications you take **in relation to your knee**.

Name of the medication	Was the medication purchased by you or prescribed? (Please underline)	What was the dosage of the medication?	What was the duration and frequency of your medication?
<i>Example: Ibuprofen</i>	<i><u>purchased</u> / prescribed</i>	<i>400 mg</i>	<i>5 days/3 times daily</i>
	purchased / prescribed		
	purchased / prescribed		
	purchased / prescribed		
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	purchased / prescribed		

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	purchased / prescribed		
	purchased / prescribed		

4. Equipment

Please record the details of any equipment including walking aids (walking sticks, crutches etc.) and aids for daily activities (raised toilet seat, long shoe horn etc.) that **you are using as a result of your knee since being discharged from hospital.**

What was the equipment?	Was the equipment purchased by you or provided by the NHS? <i>(Please underline)</i>	How long have you used the equipment?	Are you still using the equipment? <i>(Please underline)</i>
Example: crutches	<u>purchased / provided</u>	3 months	<u>yes</u> / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no
	purchased / provided		yes / no

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			yes / no
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7. Time away from paid employment

If you are currently in paid employment please record details of any time you need to take off work.

Reason for taking time off work	Number of days you needed to take off work
<i>Example: Knee pain</i>	2

8. Problems or difficulties following surgery

Please record any problems you encounter after surgery that affected what you were able to do, such as pain, wound oozing or other medical condition.

Problems or difficulties encountered	Number of days you were effected
<i>Example: oozing wound</i>	2

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9. Falls

Have you had any falls since your knee surgery?

Yes/No

Please list all dates and locations of all falls:

Location of fall	Date
<i>Example: Garden</i>	<i>DD/MMM/YYYY</i>

Initials:

X	X	X
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Principal Investigator: Name Here[illegible]