



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 <u>first 6 months</u> 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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DOB: <u>01/Jan / 19XX</u> Principal Investigator: Name Here

1. Visits to and from health care practitioners

Below is a list of healthcare professionals and services. Each time you have contact with any professional or service **as a result of something to do with your knee**, please <u>tick</u> one of the circles on the line next to that professional or service. For example: each time you visit your GP at the surgery we would like you to tick a circle on the line 'GP (at surgery)'. Please remember one tick = one contact or visit.

Example: GP (at surgery)	Ø Ø00000000000000000000000000000000000
GP (at surgery)	000000000000000000000000000000000000000
GP (home visit)	000000000000000000000000000000000000000
GP (telephone call)	000000000000000000000000000000000000000
Practice nurse (at surgery)	000000000000000000000000000000000000000
District nurse (home visit)	000000000000000000000000000000000000000
Physiotherapist (at clinic)	000000000000000000000000000000000000000
Physiotherapist (home visit)	000000000000000000000000000000000000000
Occupational therapist (at clinic)	000000000000000000000000000000000000000
Occupational therapist (home visit)	000000000000000000000000000000000000000
Hospital A&E department	000000000000000000000000000000000000000
Fracture clinic at the hospital	000000000000000000000000000000000000000
Outpatient clinic (not physio or occupational therapy)	000000000000000000000000000000000000000
Counsellor/Psychologist	000000000000000000000000000000000000000
Hydrotherapy	000000000000000000000000000000000000000
Social Services home care	000000000000000000000000000000000000000
Falls prevention programme	000000000000000000000000000000000000000
Acupuncture	000000000000000000000000000000000000000
Other complimentary therapies	000000000000000000000000000000000000000
Other *	000000000000000000000000000000000000000
*Places aposity the type of visit	

^{*}Please specify the type of visit.



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DOB: <u>01/Jan / 19XX</u> Principal Investigator: Name Here

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?
Example: 10/02/14	3	0	Further knee surgery

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?	What was the dosage of the	What was the duration and frequency of your medication?
Example: Ibuprofen	(Please underline) purchased / prescribed	medication? 400 mg	5 days/3 times daily
	purchased / prescribed		



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	purchased /	presc	ribed						
	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? (Please underline)	How long have you used the equipment?	Are you still using the equipment? (Please underline)
Example: crutches	purchased / <u>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
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	purchased / provided		yes / no



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5. Private Healthcare Visits

Below is a list of **private** health care practitioners. Each time you have contact with a private practitioner **as a result of something to do with your knee**, please <u>tick</u> one of the circles on the line next to the private practitioner you saw.

Example: Physiotherapist	ØØØ00000000000000000000000000000000000
Physiotherapist	000000000000000000000000000000000000000
Occupational therapist	000000000000000000000000000000000000000
Chiropractor	000000000000000000000000000000000000000
Osteopath	000000000000000000000000000000000000000
Acupuncture	000000000000000000000000000000000000000
Complimentary therapies	000000000000000000000000000000000000000
Other*	000000000000000000000000000000000000000

^{*}Please specify the type of visit

6. Unpaid care

If a family member or friend provides unpaid care for you, please record the details below.

What care did they provide?	How many hours per week?	How many weeks?	Are you still receiving this care? (Please underline)
Example: meals	15	5	yes / <u>no</u>
			yes / no



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	yes / no
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
Example: Knee pain	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						
Example: oozing wound	2						



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Falls												
you had a									,	Yes/N		

Please list all dates and locations of all falls:

Location of fall	Date
Example: Garden	DD/MMM/YYYY



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Thank you for completing this diary. If you have any queries or concerns please do not hesitate to contact us.