

# PATIENT STUDY CARD – CONTROL ARM

Printed on blue card, 15cm x 10.5cm

*Outside:*

*Front*

*Fold ↓*

*Back*



## **The MATREX trial**

MANual Therapy for  
Respiratory Exacerbations

You have been selected to receive  
**ADVICE FROM THE  
PHYSIOTHERAPIST**

**Thank you for taking  
part in this trial**

If you have any queries or  
concerns, please contact

**Matrex Trial Office  
Telephone: 01603 591675**

*Inside:*

*Fold ↓*

In 6 weeks time we will write to you asking for information on how you have been feeling and what health services you have required. To answer some of the questions, it may be helpful to make a note if you have to ...

- Visit your GP, nurse or any other health care professional
- Phone your GP, nurse or any other health care professional
- Pay for medicines (including pre-paid prescriptions)
- Buy any non-prescribed medicines (i.e. over-the-counter )
- If you are in paid employment, the number of days taken off sick
- If applicable, the number of days someone else has taken off work to help you