

Did patient bring their resource diary? Yes No (If not, please give them a freepost envelope & ask them to post it to study office) **Please do not alter or update the diary based on this information.**

Since your last visit for this study (state that date) : __/__/__ due to asthma, breathing difficulties, chest infections or allergic reactions of nose and/or eyes:**

1. Have you been to hospital? (Admission, A&E or Outpatient) (if you need more space for any response please add extra sheet(s) of paper)

Date	What was (were) the reason(s)?	A&E	Out-patient	Admitted?		For this visit (& recovery period), did you take time off work? (days/hours)		Anyone take time off work to transport or care for you			How go to hospital? By bus, taxi, Ambulance, paid carer, friend, your car?
				yes	No. nights	days	hours	days	hours	How much?	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	hours		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	hours		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	hours		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		days	hours	days	hours		

2. Have you been to see, or called, any GP, nurse, on call service, or other health professional or alternative practitioner?

For example: physiotherapist, homeopath, psychologist, acupuncturist, emergency cover GP

Date	What was (were) the reason(s)?	Who did you see or talk to?	How seen?		Where? (home, surgery, clinic, A&E or other)	When?			For you: time off work?		Anyone take time off work to transport or care for you		
			in person	phone		surgery hrs	6-10PM	10PM-8AM	days	hours	days	hours	time off work?
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	hours	days	hours	

** "last visit" refers to the previous scheduled visit to your GP for the ELEVATE Study. The 7 scheduled study visits are at 0, 2, 10, 26, 52, 78 & 104 weeks.

Since your last visit, due to asthma, breathing difficulties, chest infections or allergic reactions of nose and/or eyes:

3. Have you bought anything from pharmacy, or some other source, to help you with your health?

For example: antihistamines, analgesics, nicotine patches, peak flow meter, cleaning devices, special bedding, air conditioner, humidifier, nebuliser, ioniser

Date	What did you purchase?	Cost	Why purchase

4. Have there been any other occasions when your asthma has been worse –eg. when you had to take time off work?

Date	Did you treat yourself?	What did you do, or use, in self-treating?	Did you take time off work?	Number hrs or days off (specify days or hrs)		Anyone take time off for you?		Any other costs? comments?
						time off work?	Their job?	
				days	hours	days	hours	
				days	hours	days	hours	
				days	hours	days	hours	
				days	hours	days	hours	
				days	hours	days	hours	
				days	hours	days	hours	

Please collect the resource diary from the patient and post it to the study office along with this and the other forms.