

Participant Study No:



Date catheter removed

Date to fill in Diary

DIARY: WEEK 2

VERSION 1 260407

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS DIARY

When completed please return it in the pre-paid study envelope provided

INSTRUCTIONS

Please fill in this diary **14 days** after your catheter has been removed. Please complete the questionnaires to record your general health and any urine infections you have had. Also use this diary to record any visits to your doctor or nurse and any antibiotics prescribed. Where possible try to list the name of the antibiotic.

THANK YOU

For further information or if you have any concerns please feel free to contact:

CATHETER Trial Office, **Academic Urology Unit/CHaRT,**
Health Sciences Building, University of Aberdeen, Foresterhill,
Aberdeen, AB25 2ZD. Tel: 01224 559043

SECTION A – DESCRIBING ANY URINE INFECTIONS YOU MAY HAVE HAD

Date

Please tick **Yes** or **No** for questions 1, 2, 3 and 4 and in Question 5 record the names of any antibiotics taken in the past 7 days.

1. In the past **7 DAYS** have you had a urine infection?

Yes

No

If 'No' to Question 1 please proceed to Section B.

2. Did you see a doctor in relation to a urine infection?

Yes

No

3. Did you see a nurse in relation to a urine infection?

Yes

No

4. Did you receive antibiotics for a urine infection?

Yes

No

5. If yes to Question 4, which antibiotics did you receive?

SECTION B – DESCRIBING YOUR OWN HEALTH TODAY – (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today

Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Self-care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Usual Activities (*e.g. work, study, housework, family or leisure activities*)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

Pain/Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

SECTION B – DESCRIBING YOUR OWN HEALTH TODAY – (EQ-5D)

Please indicate on this scale how good or bad your own health state is today.

The best health state is marked 100 and the worst health state you can imagine is marked 0.

Please draw a line from the box below to the point in the scale that best indicates how good or bad your health state is today.

Your own health state today

Best imaginable health state

100

—

—

—

—

90

—

—

80

—

—

70

—

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60

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50

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40

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30

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20

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10

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0

Worst imaginable health state

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Academic Urology Unit and the Centre for Healthcare Randomised Trials, Health Services Research Unit, University of Aberdeen, Foresterhill, ABERDEEN, AB25 2ZD. CATHETER is funded by the NHS Research and Development Health Technology Assessment Programme.