PLACIDE stud	dy Rese	earch numbe	er:			Patien	nt initials:	
Daily follow-up log for participants during hospital admission								
 Complete daily and ask about the preceding 24 hours Day # 01 is the first day that the person had the opportunity to take the trial intervention (TI) At the end of each week, transfer total to the weekly FU form. If too many days "don't know", enter "9" on weekly sheet. If new episode of diarrhoea, also complete a diarrhoea record sheet Document any changes to medication on medication record 								
Date								
Responder								
Location								
Code symptoms / TI as Y, N or 9 – don't know: Y								Total Y
Diarrhoea								
Noct diarr								
Faec incont								
Tenesmus								
Abdo pain								
Nausea								
Vomiting								
Bloating								
Flatus								
NGT								
Other (a)								
TI taken								
Problem								
with TI (b)								
Initials								
a) Details of other symptoms / problems:								
b) Details of any problems taking trial intervention:								
Notes:								
File this sheet in the patient log (not for data entry)								

signed