

Screening ID:

Nurse TIN no:

W					

# EpAID Epilepsy Nurse Self-Completion Diary Instructions

**Thank you for agreeing to complete this diary. Your help is much appreciated.**

If you have any problems with any aspect of the data collection then please contact:

The diary will collect data for one month at a time and is to be returned to the university team at the end of each month in the freepost envelope provided or electronically to:

You will receive an adequate number of diaries during your training session.

## **SHEET 1 AND SUBSEQUENT SHEETS**

Please use sheet one and continuation sheets to give details of each episode of care that you provide and the activity that you undertook during each intervention with that patient.

To minimise problems with recall, please complete the diary on a daily basis. If time permits and it does not compromise patient care, then please complete the individual patient entries after each consultation.

**Date and time-** please give details so that we can establish how often and for how long you saw the patient.

**Location** - Please specify where you saw the patient on that occasion (e.g. Home, Clinic, GP Surgery, Telephone, or Other (please specify this location)).

**Reasons For intervention** – From the words provided, please describe the intervention **using the corresponding numbers**, selecting all that apply. **Please enter the main reason for the intervention in the first box and any other reasons in the second box.**

**Details of care given** – Please list ALL the activities that you have completed during the consultation, **using the numbers** that correspond to the list of words. We want to capture all the activities that you undertake with your patients however minor they might seem. **Please enter the main reason for the intervention in the first box and any other reasons in the second box.**

