

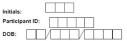
Notes:





Four-fold Asthma Study (FAST)

Diary Card - Participants on Combination Inhaler



Diary Number:

Please book an appointment with the study nurses for no less than 14 days after starting the diary card.

Date of 14 day visit ____/___ Time: _ _ : _ _

Date 6 month visit due ____/ ___ Time: _ _ : _ _

Date 12 month visit due ___/___ Time: _ _ : _ _

Research Team Contact Details: TBC (site specific details)

FAST DIARY Final Version 1.1, 01May2013

FAST DIARY Final Version 1.1, 01May2013

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Initial	Initials: Participant ID: DOB: DOB:										
Day	Date ddimmm/yyyy	Morning PEF (Umin) (best of 3 before reliever)	Total number puffsiday of extra steroid Inhaler	Total number puffsiday of combination Inhaler	Total number puffs/day of reliever inhaler	Have you visited a healthcare professional today?		Did you take oral steroids today? eg 5 mg prednisolone		If Yes, source of medication New Prescripton (NP). Home Suppl (HS)	
						GP (BOLT THO	Hospital Appt sources	no.r Yes	If Yes, number taken	NP doi:rms	HS sa mes
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FAST DIARY Final Version 1.1, 01May2013 Page 2 of 4

Init	ials: Pa	articipant ID:			DOB:		ИП				
Day	Date dd/mmm/yyyy	Morning PEF (L/min) (best of 3 before	Total number puffs/day of extra steroid	Total number puttsiday of combination Inhaler	Total number puffs/day of reliever Inhaler	Have you visited a healthcare professional today?		Did you take oral steroids today? eg 5 mg prechisolone		If Yes, source of medication? New Prescription (NP).Home Suppl (HS)	
		reliever)	Inhaler			GP So f YES	Hospital Appt doi:rms)	90.5 780	If Yes, number taken	NP BOLTYNG	HS Sa Free
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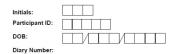
Initials:	Participant ID:
DOB:	
Notes:	





Four-fold Asthma Study (FAST)

Diary Card - Participants on Inhaled Steroid



Please book an appointment with the study nurses for no less than 14 days after starting the diary card.

Date of 14 day visit ___/__ Time: __: __

Date 6 month visit due ____/___ Time: __: __

Date 12 month visit due __/ __/ Time: __: __

Research Team Contact Details: TBC (site specific details)

FAST DIARY Final Version 1.1, 01May2013

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Initial	Initials: Participant ID: DOB: DOB:										
Day	Date dd/mmm/yyyy	(L/min)	number numb puffs/day puffs/ of extra of	Total number puffs/day of combination	Total number puffs/day of reliever					If Yes, source of medication New Prescription (NP) Home Suppl (HS)	
			Inhaler	Inhaler	Inhaler	GP BOLT THE	Hospital Appt sources	00.7 Yes	If Yes, number taken	NP sources	HS act mes
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FAST DIARY Final Version 1.1, 01May2013

Init	ials: Pa	articipant ID:			DOB: [ИП				
Day	Date dd/mmnvlyyyy	(L/min) p (best of 3	puffs/day puffs/day	Total number puffs/day of reliever	Have you visited a healthcare professional today?		Did you take oral steroids today? eg 5 mg prednisolone		If Yes, source of medication? New Prescription (NP) /Home Suppl (HS)		
		before reliever)			Inhaler	GP Bar Yes	Hospital Appt ex.rms)	00.7 760	If Yes, number taken	NP BOLTYNG	HS SALTHE
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