

Thank you for agreeing to take part in the Walk with Me study. As part of this study we would like to find out some information about your use of health services. For example we would like to know how many times you had an appointment with your GP or how many times you have attended an outpatient appointment.

The information you give us will be confidential and will only be used for the Walk with Me study.

Your answers will not affect the health care you are receiving now or any health care you might receive in the future.

Please record your use of health services from the log start date stated at the top of each page, until we contact you again in 6 months. The services are separated out under

1. Contacts with a Doctor or Nurse from your GP practice / surgery
2. Appointment you have had with other health care professionals
3. Use of Hospital Services or Residential Service

If you require additional space or you are not sure where to add something, please use Section 5 titled “Additional Information” at the end of the log.

If you have any questions about this log and how to fill it in, then please contact the trial manager

1. Contacts with a Doctor or Nurse from your GP practice / surgery

In this section please tick a box each time you see or speak with a doctor or nurse from your GP practice / surgery and record the date in the relevant box – this is to help you keep track of your contacts.

1.1 Appointments with the doctor at the GP practice / surgery						
Appointment number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Appointment number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Appointment number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.2 Spoke with the doctor on the telephone						
Call number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Call number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Call number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.3 Visits from the doctor at your home						
Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Visit number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.4 Phone calls to the GP Out-of-Hours service <u>(not leading to a visit)</u>						
Call number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Call number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Call number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.5 Visits to the GP Out-of-Hours service.						
Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Visit number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.6 Appointments with the nurse at the GP practice						
Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Visit number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

1.7 Spoke with the nurse on the telephone						
Call number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Call number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Call number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

2. Contacts with other health care professionals

2.1 Visits from a community / district nurse at your home

Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Visit number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

2.2 Visits from a social worker at your home

Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Visit number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

2.3 Appointment with a health service physiotherapist

Appointment number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Appointment number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						
Appointment number	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Date						

2.4 Appointment with a health service podiatrist /chiroprapist

Appointment number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
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Date						
Appointment number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						

3.4 Appointments with an occupational therapist						
Appointment number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Appointment number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						

Please use the sections below to record any visits you receive by other health care professionals which we have not listed, and state their job title. Please include visits with health care professionals you may have paid for privately e.g. private physiotherapist.

3.4 Other health care professional (please state job title): _____						
Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						

3.5 Other health care professional (please state): _____						
Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						

4. Use of Hospital Services or Residential Services

4.1 Visits to Accident and Emergency

Visit number	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
Date						
Visit number	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Date						

Please record in the box below if you visit / attend any of the following

- Hospital clinic
- Outpatient department
- Day hospital
- Day procedure unit

4.2 Visits to hospital clinic or outpatient department

Visit number	Date	Name of clinic / department / unit
01 <input type="checkbox"/>		
02 <input type="checkbox"/>		
03 <input type="checkbox"/>		
04 <input type="checkbox"/>		
05 <input type="checkbox"/>		
06 <input type="checkbox"/>		
07 <input type="checkbox"/>		
08 <input type="checkbox"/>		
09 <input type="checkbox"/>		
10 <input type="checkbox"/>		
11 <input type="checkbox"/>		
12 <input type="checkbox"/>		

Please record in the boxes below if you are admitted as an inpatient to hospital. Please provide the name of the hospital unit and enter each admission separately.

4.3 Hospital admissions				
Admission	Name of hospital unit	Date of admission	Date of discharge	Reason for admission
01 <input type="checkbox"/>				
02 <input type="checkbox"/>				
03 <input type="checkbox"/>				
04 <input type="checkbox"/>				
05 <input type="checkbox"/>				
06 <input type="checkbox"/>				
07 <input type="checkbox"/>				
08 <input type="checkbox"/>				
09 <input type="checkbox"/>				
10 <input type="checkbox"/>				
11 <input type="checkbox"/>				
12 <input type="checkbox"/>				

5. Additional Information

If you run out of space in any of the section or you are not sure where to record something, use this space below.

6. Your feedback at the end of the 6 months

Finally, we would like you to tell us what you thought of using this log. For each of the statements below please indicate how strongly you agree / disagree with it by placing a tick in the appropriate box.

	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
I was willing to complete the log					
It was easy to use the log					
It was easy to remember to use the log					
The log was burdensome					

Do you have any other comments or suggestions on how may improve this log?