**PARTICIPANT RESOURCE USE LOG**

**COPE - COMPARE Trial**

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| --- | --- | --- | --- |
| **Participant ID:** |  | **Date of Birth:** | **DD/MM/YYYY** |

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| **Date log given to patient:** | **DD/MM/YYYY** | **Date log returned by patient:** | **DD/MM/YYYY** |

Thank you for agreeing to take part in this trial. As part of the trial, we would like to collect information about your use of healthcare services. We are doing this to work out the costs of treatment for patients entering the trial.

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| **How to complete this resource use log** |

We know that it may be difficult for you to remember all of your interactions with the healthcare services. Therefore, this log has been designed to help you record these events as they occur. After each contact with a healthcare professional or service, please mark the relevant box(es) to keep count of the number of times that you use each service. This log should be used from the date of your initial discharge from hospital following transplantation unit the end of your participation in the trial (6 months after your transplant). Please return the log to the study co-ordinator at your final visit.

**Pink boxes should be filled in with numbers or text; yellow boxes require you to mark a cross inside the appropriate box.**

**Please print carefully within the boxes, like this: or this:**

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| **X** |

**Please use page 5 if you need any extra space to record your answers.**

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| **1** | **2** |

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| **I had an appointment with a General Practitioner (GP) in his/her office.** | | | | | | | | | | | |
| Visit 01 |  | Visit 02 |  | Visit 03 |  | Visit 04 |  | Visit 05 |  | Visit 06 |  |
| Visit 07 |  | Visit 08 |  | Visit 09 |  | Visit 10 |  | Visit 11 |  | Visit 12 |  |
| Visit 13 |  | Visit 14 |  | Visit 15 |  | Visit 16 |  | Visit 17 |  | Visit 18 |  |

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| **A General Practitioner (GP) visited me at home.** | | | | | | | | | | | |
| Visit 01 |  | Visit 02 |  | Visit 03 |  | Visit 04 |  | Visit 05 |  | Visit 06 |  |
| Visit 07 |  | Visit 08 |  | Visit 09 |  | Visit 10 |  | Visit 11 |  | Visit 12 |  |
| Visit 13 |  | Visit 14 |  | Visit 15 |  | Visit 16 |  | Visit 17 |  | Visit 18 |  |

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| **I had an appointment with a specialist/consultant.** | | | | | | | | | | | |
| Visit 01 |  | Visit 02 |  | Visit 03 |  | Visit 04 |  | Visit 05 |  | Visit 06 |  |
| Visit 07 |  | Visit 08 |  | Visit 09 |  | Visit 10 |  | Visit 11 |  | Visit 12 |  |
| Visit 13 |  | Visit 14 |  | Visit 15 |  | Visit 16 |  | Visit 17 |  | Visit 18 |  |

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| **I had to be treated in an Accident and Emergency (A&E) department.** | | | | | | | | | | | |
| Visit 01 |  | Visit 02 |  | Visit 03 |  | Visit 04 |  | Visit 05 |  | Visit 06 |  |
| Visit 07 |  | Visit 08 |  | Visit 09 |  | Visit 10 |  | Visit 11 |  | Visit 12 |  |
| Visit 13 |  | Visit 14 |  | Visit 15 |  | Visit 16 |  | Visit 17 |  | Visit 18 |  |

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| **I had to be admitted to hospital for any reason (excluding rehabilitation).** | | | | | | |
| **Admission 01** | | | | | | |
| Reason for admission: |  | | | | | |
| During Admission 01 I had surgery: | | Yes | |  | No |  |
| Number of days spent in intensive care during Admission 01: | |  |  |  | | |
| Total number of days spent in hospital during Admission 01: | |  |  |  | | |
| **Admission 02** | | | | | | |
| Reason for admission: |  | | | | | |
| During Admission 02 I had surgery: | | Yes | |  | No |  |
| Number of days spent in intensive care during Admission 02: | |  |  |  | | |
| Total number of days spent in hospital during Admission 02: | |  |  |  | | |
| **Admission 03** | | | | | | |
| Reason for admission: |  | | | | | |
| During Admission 02 I had surgery: | | Yes | |  | No |  |
| Number of days spent in intensive care during Admission 02: | |  |  |  | | |
| Total number of days spent in hospital during Admission 02: | |  |  |  | | |

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| **I had to be admitted to a rehabilitation hospital.** | | | | |
| **Admission 01** | | | | |
| Reason for admission: |  | | | |
| Total number of days spent in rehabilitation hospital during Admission 01: | |  |  |  |
| **Admission 02** | | | | |
| Reason for admission: |  | | | |
| Total number of days spent in rehabilitation hospital during Admission 02: | |  |  |  |
| **Admission 03** | | | | |
| Reason for admission: |  | | | |
| Total number of days spent in rehabilitation hospital during Admission 03: | |  |  |  |

**If you need more space to record information about hospital admissions (see pages 4 and 5), please use the box below:**

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|  |

**Thank You.**

The information that you record in this log will be extremely useful for our research.

Please remember to take this log with you to each study visit. The study co-ordinator will collect the log from you at your final visit (approximately 6 months after your transplant). It will be kept confidential and stored securely.

**If you have any questions or require any guidance to complete this log, please contact the trial staff at your local centre.**