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## EMT2: EPA for Metastasis Trial 2

# PARTICIPANT DIARY

This diary booklet will help you to keep track of some things that you will need to remember when you are next in clinic or take a telephone call about the trial. You may need to use this diary to remind yourself when you complete the trial questionnaires or to answer questions that your Research Nurse will ask you.

### Instructions for use

- Please complete the diary booklet to record any time that you:
  - Take less than your prescribed dose of capsules
  - See your GP, practice nurse or any other healthcare practitioner
  - Feel unwell
- Please record information since your last trial visit/telephone call (or from the time you joined the trial if you have only had one trial visit so far).
- Please be honest – you have no need to be concerned if you forget to take any capsules, but the research team will need to know this.
- If it helps you to keep track, please feel free to write the dates but you won't need to give dates at your clinic visit.
- Please remember to bring your diary card with you each time you see or speak to the EMT2 Research Nurse. You don't need to hand this diary in at your visit, you should use it to prompt you to remember events over the last 6 months (since your last clinic visit).

**THANK YOU!**

### **How to contact us**

If you have any questions about the study or concerns about your treatment, please talk to your doctor at

<<Enter PI, nurse name >>

<< Contact details for site>>





## EMPLOYMENT AND SUPPORT

If you are employed, please record approximately how much time have you taken off work in total since you started the trial/since your last trial visit due to your health. You will be asked to record this information in a questionnaire when you next attend clinic so please use the boxes below as a reminder.

<b>Time off</b>	<b>Days</b>	<b>Hours</b>

If you have provided support for someone or someone has provided support for you since you started the trial/since your last trial visit, please record how time:

<b>Support Given/Support Received</b>	<b>Days</b>	<b>Hours</b>

## VISITS TO MY GP, PRACTICE NURSE OR HEALTHCARE PRACTITIONER

Please record the number of times that you saw or spoke to your GP, practice nurse or any other healthcare practitioner (some examples are given below). You will be asked to record this information in a questionnaire when you next attend clinic so please use the boxes below as a reminder.

	Did you have contact?	Number of home visits	Number of clinic/practice visits	By phone (number)
Doctor (GP)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Nurse (at GP practice)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Community (district) nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Stoma nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other nurse or health visitor Please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Occupational therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Physiotherapist	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Psychiatrist (community or primary care based)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home help/home care worker	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Care attendant	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Community support worker	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Social worker	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other not included above Please specify:				

Please record any times that you have spent in any of the following:

Residential home	Yes <input type="checkbox"/> No <input type="checkbox"/>	days
Nursing home	Yes <input type="checkbox"/> No <input type="checkbox"/>	days
Hospice	Yes <input type="checkbox"/> No <input type="checkbox"/>	days
Respite care	Yes <input type="checkbox"/> No <input type="checkbox"/>	days
Other not included above Please specify:		days



