Delete this line, then print on Trust/Hospital headed paper or add logo



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>>

TAKING MY CAPSULES

Please record the number of times that you did not take your prescribed number of capsules, how many capsules you did take and the reason you took fewer capsules. Your research nurse will ask you for this information at your next clinic visit so please use the box below as a reminder. Please be honest – you won't get in trouble if you forget to take any capsules, but the research team will need to know this.

<u>If you took fewer capsules because you feel unwell, please contact your</u> Research Nurse.

| Dates | Reason | Capsules Taken | | |
|-------|--------|-------------------|--|--|
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FEELING UNWELL

Please record the number of times that you feel unwell and any details about what you experienced. Your research nurse will ask you for this information at your next clinic visit so please use the box below as a reminder

<u>If you took less capsules because you feel unwell, please contact your Research Nurse.</u>

| Dates | Experience | Severity (eg. did it stop you doing your usual activities) | | |
|-------|------------|--|--|--|
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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.

| Time off | Days | Hours |
|----------|------|-------|
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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:

| Support Given/Support Received | Days | Hours |
|--------------------------------|------|-------|
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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 | | Number of | Number of | By phone |
|------------------|-----------------|------|-------------|-----------------|----------|
| | | | home visits | clinic/practice | (number) |
| | contact | t? | | visits | |
| Doctor (GP) | Yes □ | No □ | | | |
| Nurse (at GP | Yes □ | No □ | | | |
| practice) | | | | | |
| Community | Yes □ | No □ | | | |
| (district) nurse | | | | | |
| Stoma nurse | Yes □ | No □ | | | |
| Other nurse or | Yes □ | No □ | | | |
| health visitor | | | | | |
| Please specify: | | | | | |
| | | | | | |
| | | | | | |
| Occupational | Yes □ | No □ | | | |
| therapist | | | | | |
| Physiotherapist | Yes □ | No □ | | | |
| <u> </u> | \ | = | | | |
| Psychologist | Yes □ | No 🗆 | | | |
| Psychiatrist | Yes □ | No □ | | | |
| (community or | | | | | |
| primary care | | | | | |
| based) | | N | | | |
| Home help/ | Yes □ | No □ | | | |
| home care | | | | | |
| worker | V | N- D | | | |
| Care attendant | Yes □ | No 🗆 | | | |
| Community | Yes □ | No □ | | | |
| support worker | V | N- D | | | |
| Social worker | Yes □ | No □ | | | |
| Other not | | | | | |
| included above | | | | | |
| Please specify: | | | | | |
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Please record any times that you have spent in any of the following:

| Residential home | Yes □ No □ | days |
|--------------------------|------------|------|
| Nursing home | Yes □ No □ | days |
| Hospice | Yes □ No □ | days |
| Respite care | Yes □ No □ | days |
| Other not included above | | |
| Please specify: | | |
| | | |
| | | days |

TRAVEL AND EXPENSES

Please record the number of times that you have travelled to and from hospital, GP or any other healthcare appointments, the number of miles you have travelled and any parking costs. 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.

| Travel | Miles | Parking Cost |
|--------|-------|--------------|
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Please record any other expenses you have had to meet because of your health or treatment. Please record all expenses, whether or not they were related to your cancer.

| Brief description | Cost |
|-------------------|------|
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THANK YOU FOR YOUR PARTICIPATION IN THE EMT2 TRIAL

PLEASE ENSURE THAT YOU BRING IN ALL YOUR CAPSULES WHEN YOU SEE YOUR RESEARCH TEAM