

On-Line Data Supplement:

Instructions for filling in the DIARY CARDS

EVERY DAY...

1. After taking morning medications record the best of 3 attempts at the PEAK FLOW blowing test in the box on the sheet.
2. Please record any **WORSENING** of symptoms **ABOVE YOUR USUAL** daily level. The symptoms we are interested in are listed below, just put the appropriate letter in the box on the sheet. Continue recording until the symptom has gone away or got back to the level you consider 'normal'.

Letter	Symptom
A	increased BREATHLESSNESS.
B1	increased SPUTUM COLOUR.
B2	increased SPUTUM AMOUNT.
C	a COLD (such as a runny or blocked nose).
D	increased WHEEZE or CHEST TIGHTNESS.
E1	SORE THROAT.
E2	increased COUGH.
F	FEVER.

If you experience a worsening in any of these symptoms please phone us to arrange an assessment visit, and do this BEFORE starting any antibiotic or steroid tablets. The phone number is

07762 038662.

Anant or Alex will have the phone and we can usually arrange to see you later the same day or the following morning.

Please phone if you are not sure what to write down or you have any questions.

3. Please record any **CHANGE** to your usual treatment for as many days as it applies. Again, just put the appropriate letter in the box on the sheet.

Letter	Treatment
H	I am in Hospital.
I	I am taking more than usual INHALED STEROID (red / brown/purple)
R	I needed to take extra RELIEVER (blue / green / grey / nebuliser). HOW MANY PUFFS? Write, eg 'R3' for 3 puffs, 'R2' for 2 etc
S	I am taking STEROID (Prednisolone) TABLETS. HOW MANY TABLETS? Write, eg 'S6' for 6 tablets, 'S5' for 5 etc
X	I am taking ANTIBIOTIC TABLETS. PLEASE RECORD WHICH (write the name on the diary card).

4. Finally, please estimate the time that you were out of your own home on the previous day.

NAME	
Study Number	

June 2009	NEXT APPOINTMENT
WORSENING SYMPTOMS? CALL US	/ /09 . am

DATE	1 _{mon}	2 _{tue}	3 _{wed}	4 _{thu}	5 _{fri}	6 _{sat}	7 _{sun}	8 _{mon}	9 _{tue}	10 _{wed}	11 _{thu}
Peak Flow											
CHANGE in Symptoms											
CHANGE in Treatment											
Hours out of the home											

DATE	12 _{fri}	13 _{sat}	14 _{sun}	15 _{mon}	16 _{tue}	17 _{wed}	18 _{thu}	19 _{fri}	20 _{sat}	21 _{sun}	22 _{mon}
Peak Flow											
CHANGE in Symptoms											
CHANGE in Treatment											
Hours out of the home											

DATE	23 _{tue}	24 _{wed}	25 _{thu}	26 _{fri}	27 _{sat}	28 _{sun}	29 _{mon}	30 _{tue}
Peak Flow								
CHANGE in Symptoms								
CHANGE in Treatment								
Hours out of the home								

