

# Scottish Bell's Palsy Study

## 'BELLS'

Patient visit record	Patient number (allocated by HSRU)
Form B	2 6    _ _ _ _ _

*To be completed by the researcher at the patient's first assessment visit*

Name	title	used name	surname
	all forenames		
Personal details	sex	date of birth	
Other details required for General Register Office for Scotland	marital status		
	mother's maiden name		
	any previous surnames		
Contact details	address		
	postcode		
	previous address and postcode if present < 3 years		
Telephone numbers	work home mobile		
Email address			
Consent details	date of consent		age at consent
Details of onset	date / time (approx)	symptoms	
GP's name and address			
Treatment interval	start date		end date
Arrangements for 3-month visit	date / time		place
Researcher	name		today's date