UNIVERSITY OF Southampton

Bath Additives for the Treatment of cHildhood Eczema

12 Months Notes Review Form

NHS
National Institute for Health Research

STUDY PARTICIPANT DETAILS:		
STUDY PID:	«Unique_PID»	
INITIALS:	«Initials»	
DATE OF BIRTH:	«DoB»	
PARTICIPATION:	From: «ParticipationFrom»	To: «ParticipationTo»

YOUR DETAILS:	
YOUR NAME:	
JOB TITLE:	
TODAY'S DATE:	

Please tick if patient has left this surgery: ☐ **Date of leaving (if known):**

COMMENTS:

1. **Please record details of all oral or topical medicines LIKELY TO HAVE BEEN PRESCRIBED FOR ECZEMA during the study period. Include formulation (eg, cream, ointment) and strength of topical medications, if relevant. (Continue overleaf if necessary).**

Date of prescription	Item prescribed *(eg, Doublebase gel, Hydrocortisone cream 1%)*	Amount prescribed *(eg, 550g, 100ml, 28 tablets)*	Was this prescription for eczema? Yes	Not sure
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Study PID: **«Unique_PID»** Study period: **«Participation»**

1. Prescriptions (continued)

Date of prescription	Item prescribed *(eg, Doublebase gel, Hydrocortisone cream 1%)*	Amount prescribed *(eg, 550g, 100ml, 28 tablets)*	Was this prescription for eczema? Yes	Not sure
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2. Please record ALL CONSULTATIONS during the study period (continue overleaf if necessary):

Date of consultation	Type of consultation (tick one box)									Is eczema or rash mentioned? (tick one box)			
	Did not attend booked appointment (DNA)	GP appointment at surgery	GP visit at home	GP telephone consultation	Practice Nurse/ Nurse Practitioner / Health Visitor	Out of Hours / Walk-In Centre	A&E attendance	Hospital Admission	If admitted to hospital, record **number of nights** (or NK)	Eczema flare or infection is mentioned, or there is prescription or advice to use topical steroids or antibiotics for eczema	Eczema mentioned but no clear indication that consultation was for an eczema flare or infection	Skin rash, itch or dryness mentioned but no mention of eczema	No mention of eczema or skin rash, itch or dryness
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Study PID: **«Unique_PID»** Study period: **«Participation»**

2. Consultations (continued)

Date of consultation	Type of consultation (tick one box)									Is eczema or rash mentioned? (tick one box)			
	Did not attend booked appointment (DNA)	GP appointment at surgery	GP visit at home	GP telephone consultation	Practice Nurse/ Nurse Practitioner / Health Visitor	Out of Hours / Walk-In Centre	A&E attendance	Hospital Admission	If admitted to hospital, record **number of nights** (or NK)	Eczema flare or infection is mentioned, or there is prescription or advice to use topical steroids or antibiotics for eczema	Eczema mentioned but no clear indication that consultation was for an eczema flare or infection	Skin rash, itch or dryness mentioned but no mention of eczema	No mention of eczema or skin rash, itch or dryness
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3. Please record all letters related to HOSPITAL or CLINIC appointments during the study period:

Date of letter	From *(eg, GP Surgery, Allergy Clinic)*	To *(eg, Dermatology, Paediatrician)*	Brief Summary *(eg, new referral, follow-up, discharge)*	Was this appointment eczema-related? Yes	No	Not sure
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Please return this form in the FREEPOST envelope supplied.

Thank you!