

**PROVE – Physiotherapy Rehabilitation for
Osteoporotic Vertebral Fracture**

Diary 1

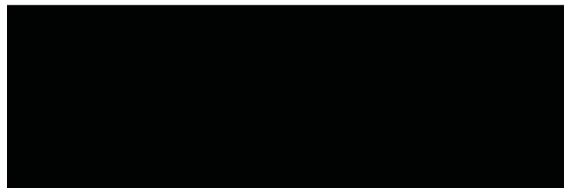
As part of this study we would like know about your care for one year after you are enrolled in our study. We are interested to know how many times you saw a health professional, the medication used and the equipment you were/are using.

We would like you to keep this diary for the first 16 weeks after you join the study. At the end of this period we ask you to bring the diary with you to your follow up appointment. We will then give you a new diary to keep until your next appointment.

If you have any problems filling in the diary or have any questions please do hesitate to contact us.

Thank you for participating in the study.

Karen Barker PhD MCSP
Principal Investigator



Participant ID -

Diary 1 – Baseline – Upto first follow up visit.

Participant ID -

Hospital/GP/Physio/Practice Nurse

Please record anytime you have seen a health practitioner since commencing participation in the PROVe trial.

Date of visit	Reason you attended	Who you saw (GP/nurse/physio/hospital doctor)	Was the visit related to your back? (Y/N)

Please record anytime you were admitted to hospital since commencing participation in the PROVe trial.

Admission date	Discharge date	Reason you were admitted to hospital

Home visits

Please record anytime you were visited at home by a health practitioner (Nurse/GP/Physiotherapist)

Date of visit	Reason for visit	Who you saw (Doctor/nurse/physio/OT)	Was the visit related to your back? (Y/N)

Equipment Use

Please list any equipment you have started using. This includes walking aids (walking sticks, elbow crutches, walking frame) and equipment for daily activity (raised toilet seat, long handled shoe horn, helping hand).

Equipment issued	Date started using	Still using (Y/N)	Date stopped using

Medications

Please list any new medications that have been prescribed for you

Date	Medication	Is the medication related to your back / osteoporosis?

Please list any new medications bought without a prescription

Date	Medication	Is the medication related to your back / osteoporosis?

Private Healthcare Visits

Please list any time you have visited a private health practitioner while participating in the PROVe trial e.g. private physio, OT, osteopath, chiropractor.

Date	Reason attended	Type of health practitioner	Related to back (Y/N)

Care provided by social services

Have you received any help from social services whilst participating in the PROVe trial e.g. home help or meals on wheels?

Yes No

If yes, please provide details below:

Type of care e.g. home care	Hours per week	Number of weeks	Is this care needed because of your back / osteoporosis (Y/N)?

Informal care provided by friends and /or relatives

Have any friends or relatives had to take time away from their usual activities to look after you whilst you have been participating in the PROVe trial?

Yes No

If yes, please provide details below:

Person providing the care e.g. relative	Hours per week they cared for you	Number of weeks they cared for you	Did the person caring for you take time away from paid work (Y/N)?	Is this care needed because of your back / osteoporosis (Y/N)?

Employment

Are you currently in paid employment?

Yes No

If you are in paid employment, please provide details of your occupation and about whether you have needed to take any days off work whilst you have been participating in the PROVe trial.

Occupation	Number of hours per week worked	Number of days taken off work	Were these days off work as a result of your back / osteoporosis (Y/N)?

Thank you again for taking the time to complete this diary. The answers you have provided are important to us.

**PROVE – Physiotherapy Rehabilitation for
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Diary 2

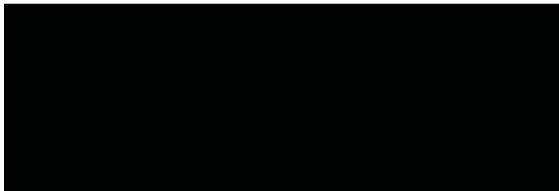
As part of this study we would like know about your care for one year after you are enrolled in our study. We are interested to know how many times you saw a health professional, the medication used and the equipment you were/are using.

We would like you to keep this diary between your first follow up visit and the final review visit one year after you joined the study. At the end of this period we ask you to bring the diary with you to your follow up appointment.

If you have any problems filling in the diary or have any questions please do hesitate to contact us.

Thank you for participating in the study.

Karen Barker PhD MCSP
Principal Investigator



Participant ID -

Diary 2 - Follow up visit to one year final review visit.

Participant ID -

Hospital/GP/Physio/Practice Nurse

Please record anytime you have seen a health practitioner since taking part in the PROVe trial.

Date of visit	Reason you attended	Who you saw (GP/nurse/physio/hospital doctor)	Was the visit related to your back? (Y/N)

Please record anytime you were admitted to hospital since taking part in the PROVe trial.

Admission date	Discharge date	Reason you were admitted to hospital

Home visits

Please record anytime you were visited at home by a health practitioner (Nurse/GP/Physiotherapist)

Date of visit	Reason for visit	Who you saw (Doctor/nurse/physio/OT)	Was the visit related to your back? (Y/N)

Equipment Use

Please list any equipment you have started using. This includes walking aids (walking sticks, elbow crutches, walking frame) and equipment for daily activity (raised toilet seat, long handled shoe horn, helping hand).

Equipment issued	Date started using	Still using (Y/N)	Date stopped using

Medications

Please list any new medications that have been prescribed for you

Date	Medication	Is the medication related to your back / osteoporosis?

Please list any new medications bought without a prescription

Date	Medication	Is the medication related to your back / osteoporosis?

Private Healthcare Visits

Please list any time you have visited a private health practitioner while participating in the PROVe trial e.g. private physio, OT, osteopath, chiropractor.

Date	Reason attended	Type of health practitioner	Related to back (Y/N)

Care provided by social services

Have you received any help from social services whilst participating in the PROVe trial e.g. home help or meals on wheels?

Yes No

If yes, please provide details below:

Type of care e.g. home care	Hours per week	Number of weeks	Is this care needed because of your back / osteoporosis (Y/N)?

Informal care provided by friends and /or relatives

Have any friends or relatives had to take time away from their usual activities to look after you whilst you have been participating in the PROVe trial?

Yes No

If yes, please provide details below:

Person providing the care e.g. relative	Hours per week they cared for you	Number of weeks they cared for you	Did the person caring for you take time away from paid work (Y/N)?	Is this care needed because of your back / osteoporosis (Y/N)?

Employment

Are you currently in paid employment?

Yes No

If you are in paid employment, please provide details of your occupation and about whether you have needed to take any days off work whilst you have been participating in the PROVe trial.

Occupation	Number of hours per week worked	Number of days taken off work	Were these days off work as a result of your back / osteoporosis (Y/N)?

Thank you again for taking the time to complete this diary. The answers you have provided are important to us.