

Data Form 1 Completion of 2 months remote monitoring

Patient Study ID: _____

Date: __/__/__

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1. During the last two months, my symptoms (including sleep quality, sleepiness, shortness of breath, energy levels) have been:

- Better than usual
- The same as usual
- Worse than usual

2. During the last two months, my overall health has been:

- Better than usual
- The same as usual
- Worse than usual

Comments:
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.....
.....

Visits to the doctor

- Have you been to see your GP in the last 2 months YES / NO
- How many visits have you had to your GP -----
- If YES, when was this and why?

Details:
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.....

- Have you been to see a specialist in the last 2 months? YES / NO
- If so, how many visits have you had to a specialist -----
- If YES, when was this and why (include type of specialist)?

Details:

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Hospital Visits

- **Over the last 2 months have you:**
gone to the emergency department of any hospital for treatment? YES / NO
If so, how many times?
- Reason/s
-

been admitted as an inpatient to any hospital? YES / NO

If YES, how many times?

Reason/s

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Other Health Care Contacts

- **Over the last 2 months have you:**
 - been seen by any other health care professional eg home nursing,
 - physiotherapist, occupational therapist etc? YES / NO
- Who and for what reason/s?
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