NHS Hull University Teaching Hospitals NHS Trust

UNIVERSITY of York

Participant ID: ☐☐☐☐

SWHSI-2 Supplementary Page for Outpatient Visits

Please continue to record any outpatient visits (in addition to those recorded in the 12M Resource Use CRF)

Visit Date	Clinic Type	Other Treatment Provided	Adverse Event
☐☐ / ☐☐ / ☐☐☐☐ Day Month Year	Diabetic Foot Clinic ☐ Occupational Therapy ☐ Pain Management ☐ Physiotherapy ☐ Podiatry ☐ Post Surgical Review ☐ Speciality Dressing Clinic ☐ Tissue Viability ☐ Other, please specify ☐	Yes ☐ No ☐ If Yes, please stick all that apply: Larvae ☐ Analgesia ☐ Antibiotic ☐ Dietetic Input ☐ Topical Treatments ☐ Wound Management Systems ☐ Other, please specify ☐	Reported? Yes ☐ No ☐ AE Number ☐☐
☐☐ / ☐☐ / ☐☐☐☐ Day Month Year	Diabetic Foot Clinic ☐ Occupational Therapy ☐ Pain Management ☐ Physiotherapy ☐ Podiatry ☐ Post Surgical Review ☐ Speciality Dressing Clinic ☐ Tissue Viability ☐ Other, please specify ☐	Yes ☐ No ☐ If Yes, please stick all that apply: Larvae ☐ Analgesia ☐ Antibiotic ☐ Dietetic Input ☐ Topical Treatments ☐ Wound Management Systems ☐ Other, please specify ☐	Reported? Yes ☐ No ☐ AE Number ☐☐

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Form Completed by:

Name: ______________________________ Assessor ID: ☐☐ Date: ☐☐ / ☐☐ / 2 0 ☐☐

Day *Month* *Year*