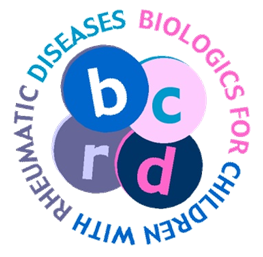


If you have any questions about what to record in this diary please contact your BCRD nurse at:

*NHS logo*

Contact Address:

Contact phone number:



If you have any questions about what to record in this diary please contact your BCRD nurse at:

Please continue to complete the diary even if the treatment for JIA is no longer being

received - we are still interested in any

information you record.

Thank you very much for your help!

BCRD Participant Diary version 1: 12/08/2011

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**Participant Diary**

Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ID number to be completed by the hospital)

Date diary **started** (date given diary): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Date diary **ended** (at next clinic appointment - please hand in to your BCRD nurse): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Please record any new illnesses or adverse reactions experienced whilst holding this diary.

Please include everything you can remember, whether you think it is related to the therapy for JIA or not.

Please continue to complete the diary even if the treatment for JIA is no longer being received - we are still interested in any information you record.

Thank you very much for completing this diary.

BCRD Participant Diary version 1: 12/08/2011





Please record any new illnesses or adverse reactions experienced whilst holding this diary.

Please include everything you can remember, whether you think it is related to the therapy for JIA or not.

Please continue to complete the diary if the treatment for JIA is no longer being received - we are still interested in any information you record.

