ARTHROSCOPIC ROTATOR CUFF TRIAL

Study ID: _____

Study Personnel Initials (person providing blank form): _____

CRF-04 Physical Therapy & Home Exercise Program Diary

Please record your daily physical therapy attendance & home exercise program practice

EXPECTED FREQUENCY:

- **Physical therapy visits per week: 1-2 visits**
- **Home program exercises per week: 2-4 times**

COMBINED TOTAL PER WEEK: 4+

INSTRUCTIONS:

When to complete:

- Diary should start (Day 1) from the date of your first physical therapy visit since enrolling in the study.
- Please write in the date that corresponds to each day of your physical therapy program.
- Please check YES or NO for each item and fill in an average daily pain score for every day. (Do not leave any days or items blank.)
- Continue filling out for each day UNTIL YOU ARE DISCHARGED FROM PHYSICAL THERAPY. You do not need to record information after that date.
- We would like to collect this information for any period of time that you are formally enrolled in physical therapy for your shoulder during the first year after study enrollment (whether you've had surgery or not or are doing physical therapy for a second time since starting the study). If necessary, please request an additional PT Diary.

When to return:

- Return envelopes will be sent to you along with your follow-up questionnaires. Please send in any portions of the diary you have completed as soon as you receive these return envelopes, even if you are still enrolled in physical therapy at that time.
- Replacement copies of the diary will be included with these return envelopes so you may continue from where you left off if you are still in therapy. There is no need to re-write information from the copy you send in, you may simply pick up on the day you left off in the previous section.
- After 12 months we will no longer request this information from you, regardless of where you are in your physical therapy program.
- If you have any questions about this process, you may contact us via email at arcstudy@vumc.org or call/text us at 629-777-8022.

EXAMPLE: *Someone who began physical therapy on 7/21/18 (Day 1) – attended physical therapy once more on 7/24/18 (Day 4) & completed home exercises three times that same week (Days 2, 5 & 7 only) would complete the diary for Week 1 as shown below. Note that on Day 3 (7/23) and Day 6 (7/26) the answer to both questions is NO because the patient did not attend physical therapy or do home exercises on those days.*

WEEK 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date: (fill in)	7/21/18	7/22	7/23	7/24	7/25	7/26	7/27
Attended Physical Therapy?	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Completed Home Exercises?	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	8	8	8	8	8	7	7

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 5	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 6	Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 7	Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 8	Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 9	Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 10	Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 11	Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 12	Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 13	Day 85	Day 86	Day 87	Day 88	Day 89	Day 90	Day 91
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 14	Day 92	Day 93	Day 94	Day 95	Day 96	Day 97	Day 98
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 15	Day 99	Day 100	Day 101	Day 102	Day 103	Day 104	Day 105
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 16	Day 106	Day 107	Day 108	Day 109	Day 110	Day 111	Day 112
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 17	Day 113	Day 114	Day 115	Day 116	Day 117	Day 118	Day 119
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 18	Day 120	Day 121	Day 122	Day 123	Day 124	Day 125	Day 126
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 19	Day 127	Day 128	Day 129	Day 130	Day 131	Day 132	Day 133
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 20	Day 134	Day 135	Day 136	Day 137	Day 138	Day 139	Day 140
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 21	Day 141	Day 142	Day 143	Day 144	Day 145	Day 146	Day 147
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 22	Day 148	Day 149	Day 150	Day 151	Day 152	Day 153	Day 154
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 23	Day 155	Day 156	Day 157	Day 158	Day 159	Day 160	Day 161
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 24	Day 162	Day 163	Day 164	Day 165	Day 166	Day 167	Day 168
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

CRF-04 Physical Therapy & Home Exercise Program Diary

WEEK 25	Day 169	Day 170	Day 171	Day 172	Day 173	Day 174	Day 175
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 26	Day 176	Day 177	Day 178	Day 179	Day 180	Day 181	Day 182
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____

WEEK 27	Day 183	Day 184	Day 185	Day 186	Day 187	Day 188	Day 189
Date: (fill in)							
Attended Physical Therapy?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Completed Home Exercises?	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No
Please rate your average shoulder pain each day:	**(0 = no pain, 10 = worst pain imaginable) – Please use only whole numbers**						
	_____	_____	_____	_____	_____	_____	_____