





Ward research number

RA Initials

Date

**One of these sheets needs to be completed after every ward visit. Please fill in the two boxes below. Refer to the Guidance Notes as required.**

**B4** How are staff currently responding to the trial as a whole? Please record the most notable response you encountered during this visit (continue overleaf if necessary).

**B5** How are staff currently responding to particular Safewards interventions? Please record the most notable response to a particular intervention that you encountered during this visit (continue overleaf if necessary).

**B4 Continued**



**B5 Continued**

