

Participant Study No

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(for completion by co-ordinating
centre in Aberdeen)

Study Centre No

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The REFLUX Trial

PARTICIPANT ENTRY FORM

CONFIDENTIAL

This study is funded by the NIHR
Health Technology Assessment Programme

ELIGIBILITY

Please mark relevant box as to whether participant has chosen to be randomised OR has declined and has opted for the preference arm.

Please put an X in the relevant boxes

	ELIGIBLE	<input type="checkbox"/>		
		↙		↘
RANDOMISED	<input type="checkbox"/>		PREFERENCE	<input type="checkbox"/>
	↙		↙	↘
	SURGICAL	MEDICAL	SURGICAL	MEDICAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(for office use only)			

DESCRIPTIVE INFORMATION ABOUT THE PARTICIPANT

Date of Birth Day Month Year
 / /

Sex
Male Female

Height . m or ft inches

Weight . kg or st lbs

1. Date of Recruitment Day Month Year
 / /

2. Does the participant take prescribed reflux medication daily? Yes No

3. When was the participant first prescribed medicine for their reflux symptoms?

Month Year
 /

4. Is the participant a current smoker? Yes No Don't know

5. Does the participant suffer from asthma? Yes No Don't know

6. Please tick the box which accurately describes when the participant first finished full time education?

16 years or less
17-19 years old
20 years or over

7. Since leaving, have they undertaken any more full-time or part-time education?

Yes
No

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8. Please tick the box, which best describes the participant's current employment status.

Full time employment
 Part time employment
 Student
 Retired

Housework
 Seeking work
 Other

GENERAL PRACTITIONER

Initials

Surname

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Practice Name

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Street Number

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Street Name

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Town/City

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County

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Postcode

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Telephone No
(including code)

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COLLABORATING CLINICIAN

Title *(Mr, Mrs, Professor, Dr)*

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Surname

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First Name(s) *(if known)*

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Hospital

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Clinic name

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**Thank you for completing this information. Please return it in a reply-paid envelope to:
 The REFLUX Trial Office, Health Services Research Unit (Flea),
 University of Aberdeen, Foresterhill, ABERDEEN AB25 2ZD
 Tel: 01224 000000 Fax: 01224 554580 E-mail: reflux@hsru.abdn.ac.uk**