

# WITHDRAWAL/ CHANGE OF STATUS

To be completed on withdrawal/change of status from study

Study No

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Q1 Date of withdrawal

Day		Month		Year		

## Reason for withdrawal

Q2 Participant decided to withdraw? (state reason)

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Q3 Any medical reason for withdrawal? (please state reason)

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## What is participant withdrawing from?

Q4 Randomisation?

Yes  No

Q5 Follow-up clinic visits?

Yes  No

Q6 Completing questionnaires?

Yes  No

Q7 Relevant outcome data being collected (via hospital and GP records)?

Yes  No