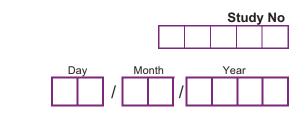
WITHDRAWAL/ CHANGE OF STATUS

To be completed on withdrawal/change of status from study

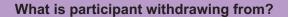


Reason for withdrawal

Q2 Participant decided to withdraw? (state reason)

Q1 Date of withdrawal

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



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