Report Supplementary Material 12 Consent Status Form

UK FROST TRIAL: CONSENT STATUS FORM

Participant ID: ☐☐☐☐

The **Research Nurse/Associate** should record whether an **eligible patient** has consented to take part in the trial.

Researcher Name: _____ **Date today:** ☐☐ / ☐☐ / ☐☐☐☐ (*day* / *month* / *year*)

1. How much time has been spent with the patient when trying to consent into the trial? ☐☐☐ *(minutes)*

2. Has the patient agreed to consent? **Yes** ☐ **No** ☐

   If '**Yes**', when did the patient agree to consent? **At initial approach** ☐ **Within a week** ☐
   (please cross one box only)

When a patient has **consented** the Research Nurse/Associate should complete the baseline form with the patient, perform the randomisation and then post all baseline materials to the UK FROST Trial Office. No further sections of this form should be completed.

If, '**No**', (i.e. the patient **did not consent**) then the **Research Nurse/Associate** should collect the following information and return the form to the UK FROST Trial Office.

a. If the patient is not willing to consent to the trial, is the patient willing to provide a reason for this? *(please cross one box only)* **Yes** ☐ **No** ☐

If '**Yes**', please record the reason in the box below:

b. Does the **patient** express any treatment preference?
(please cross one box only)

No preference ☐ **Physiotherapy** ☐ **Manipulation under anaesthetic** ☐ **Keyhole surgery** ☐

c. Which treatment does the **treating clinician** advise the patient to have?
(please cross one box only)

No preference ☐ **Physiotherapy** ☐ **Manipulation under anaesthetic** ☐ **Keyhole surgery** ☐

d. What is the **agreed** treatment for this patient?
(please cross one box only)

Physiotherapy ☐ **Manipulation under anaesthetic** ☐ **Keyhole surgery** ☐ **Other*** ☐

* If 'Other', please state: _____

e. Did the patient agree to complete the 'Patient Preference Form'?
(please cross one box only) **Yes** ☐ **No** ☐

Thank you very much for completing this form