

Resident Eligibility Log - Scotland

Please refer to Regional Research Assistant SOP (ELECTRIC SOP 3) for guidance instructions.

Details of Resident:				
Resident Initials:		Resident DOB (DD/MM/YY):	___ / ___ / ___	Trial ID:

Capacity (Scotland)	Yes	No	Notes
<ul style="list-style-type: none"> Does the resident have a certificate of incapacity? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If <u>yes to above</u>, do they have a <ul style="list-style-type: none"> a) Named welfare guardian? Or b) Named welfare attorney? c) Relative/next of kin 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(if yes, insert name and address)
Name of welfare guardian/attorney/relative, NOK: _____ Address 1: _____ Address 2: _____ Address 3: _____ Postcode: _____ Phone: _____			

Consent (Scotland)	Yes	No	N/A	Notes
<ul style="list-style-type: none"> Has written consent been obtained from the resident? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not given, please state reason (if known):
<ul style="list-style-type: none"> Has written consent been obtained from the named welfare guardian/attorney/NOK? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not given, please state reason (if known):
<ul style="list-style-type: none"> Has a copy of the signed consent form been given to the resident/ named welfare guardian/attorney (as appropriate)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Has a copy of the signed consent form been given to the PI to insert in Participant File? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Has the original signed consent form been sent to the Trial Office? (in SAE provided) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Eligibility Criteria	Yes	No	Notes
Inclusion criteria – CH residents:			
<ul style="list-style-type: none"> With self or staff reported UI of more than once/week 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Who use the toilet or toilet aid for bladder evacuation with or without assistance 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Who wear absorbent pads to contain UI 	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria – CH residents:			
<ul style="list-style-type: none"> With PVRU volume more than 300ml* (*after consent gained) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With an indwelling urinary catheter 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With symptomatic UTI 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With a cardiac pacemaker 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With treated epilepsy 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With bilateral leg ulcers 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> With pelvic cancer 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Who are on the palliative care register 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Who are non-English speakers 	<input type="checkbox"/>	<input type="checkbox"/>	
ELIGIBLE FOR ELECTRIC TRIAL? <i>(If any grey boxes ticked then NOT eligible)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

GP Details (if resident is eligible and appropriate consent gained):	
GP Name:	
GP Address:	Address 1: _____ Address 2: _____ Address 3: _____ Postcode: _____

REL Completion date: (DD/MM/YY)		RRA Initials:	
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Date entered on database: (DD/MM/YY)		Trial Office Initials:	
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For eligible and consented residents please enter REL on database prior to randomisation. For non-eligible and or non-consented please send form to Trial Office.