

**Pro-forma for Potential Participant Withdrawal from RCT**

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| Participant full name (Surname, First name) |  |
| Participant NHS number |  |
| Healthlines Study ID number |  |
| Date that reason(s) for potential withdrawal reported or discovered (dd/mm/yyyy) |  |
| Last completed intervention session (e.g. in *Living Life to the Full* or CADS for depression) or encounter & module number (e.g. in Duke for CVD patients) |  |
| Person reporting potential withdrawal of participant (circle one): | Participant Family Member Health  or Carer Professional |
| Name of person completing this form (Surname, First name) |  |

**Reason(s) for Potential Withdrawal**

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| **Patient Not Contactable** (Tick one) | |
| Incorrect telephone and email address |  |
| Patient does not return emails or telephone calls, & did not respond after ‘patient non-response letter’ posted out |  |

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| **Patient No Longer Eligible for Trial & Intervention** (Tick all that apply) | | | | |
| Psychotic illness (e.g. schizophrenia) | | | |  |
| Dementia or substantial cognitive impairment | | | |  |
| Severe learning disability | | | |  |
| Substance (alcohol or drug) dependency | | | |  |
| Receiving palliative care | | | |  |
| Significant suicidal risk | | | |  |
| Other (please describe): | | | |  |
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| **Other Potential Reasons for Withdrawal** (Tick all that apply/Provide detail in the box below) | | | | |
| Patient now feels they are better/well enough | | | |  |
| Patient too busy to take part | | | |  |
| Patient does not like the intervention | | | |  |
| Patient says the intervention is not helping or not receiving enough support | | | |  |
| Patient feels worse now | | | |  |
| Patient no longer has Internet access | | | |  |
| Patient has experienced an adverse event (e.g. drug side effects, injury, hospitalisation) | | | |  |
| CVD group: Patient now pregnant (ineligible for intervention) | | | |  |
| Depression: Patient has given birth (ineligible for intervention) | | | |  |
| Patient unhappy with treatment group allocation | | | |  |
| Patient does not want to complete any more questionnaires | | | |  |
| Patient does not want to have any more of the CVD assessments done because (circle reason provided):   * Too painful * Inconvenient to come into surgery * Other | | | |  |
| Patient has died | | | |  |
| Other (please describe): | | | |  |
|  | |  | | |
| **Any further details or additional information** (e.g. if patient elaborates on any of the above reasons for withdrawal, any other useful information) | | | | |
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| ***To be completed by research staff***  Patient withdrawal from (circle one): | | | Intervention Trial and  only Intervention | |