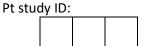




Pt ini	tials:		
		_	

NHS Foundati



End of Treatment Form

Please complete this form for ALL participants in the intervention and treatment as usual arms. Section A is to be completed for participants in the Intervention (Optitip) Arm ONLY. Section B is to be completed for ALL participants in the intervention and treatment as usual arms.

Section A

Please complete this section for participants in the Intervention Arm ONLY

1. What was the end of treatment date?

D	D	Μ	Μ	Μ	Y	Y	Y	Y

- 2. What is the primary reason for end of treatment? (Please choose ONE of the following). Completed intervention as randomised
 - □ Changed to catheter different to treatment allocation, please provide details in section
 - 2.1
- □ No longer long-term catheter user
- Death, please complete report as SAE to SCTU (see protocol)
- □ Physician decision, please provide details in section 2.2
- U Withdrawal by participant, please provide details in section 2.3
- □ Other reason, please provide details in section 2.4

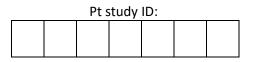
2.1 If the primary reason for the end of treatment was 'changed to catheter different to treatment allocation', please detail the reason for this:

2.2 If the primary reason for end of treatment was 'Physician decision', please specify:

2.3 If the primary reason for end of treatment was 'Withdrawal by participant', please specify:

2.4 If the primary reason for end of treatment was 'Other reason', please specify:





Pt initials:							

SECTION B

Please complete this section for participants in the Intervention Arm AND participants in the Treatment As Usual Arm

3. What was the date of participant withdrawal?

D D	M	M	M	Y	Y	Y	Y
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Does the participant remain in follow-up? □ Remain in ALL follow-up activities.

The patient is happy to complete the monthly follow-up **and** is happy for the study team to continue to access their health records to collect data on their catheter-related care (community and GP nursing records review).

□ Withdraw from the monthly patient follow-up but remain in Community Nursing Notes Review and GP Records Review.

The patient wishes to withdraw from the monthly follow-up but is happy for the study team to continue to access their health records to collect data on their catheter-related care (community and GP nursing records review).

□ Withdraw from ALL follow-up activities

The patient wishes to withdraw from the monthly follow-up and does not wish for the research team to access their health records to collect data on their catheter-related care (community and GP nursing records review) from the date of their withdrawal **

**complete End of study form

Principal Investigator's Declaration

By my dated signature below, I verify that the case report form pages accurately display the results of the examinations, tests, evaluations and treatments performed on this participant.

PI signature									
Print name									
Date	D	D	Μ	Μ	Μ	Y	Y	Y	Y