



Pt initials:

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Pt study ID:

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## 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	M	M	M	Y	Y	Y	Y
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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

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
- 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:

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

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

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

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Pt study ID:

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Pt initials:

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## 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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### 4. 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	M	M	M	Y	Y	Y	Y
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