



University Hospital Southampton NHS Foundation Trust

NIHR National Institute for Health and Care Research



**Reply slip**

Thank you for reading through the Participant Information Sheet.

Please complete the reply slip and return to the Research Team in the pre-paid envelope provided.

You can also register your interest on the CaDeT trial website, if you prefer:

[www.cadettrial.com](http://www.cadettrial.com)

By providing this information, you consent to the use of this data for the purpose and duration of the trial.

<patient name and address>



TO BE COMPLETED BY RESEARCH TEAM

- 1. I am interested in taking part in the above study and would like to be contacted to have the opportunity to find out more about taking part in the trial and see if I am eligible.

*Please tick this box if this is your preferred option, and provide your contact details below so that we can get in touch with you.*

My contact details:

Email Address: .....

Mobile phone number: .....

Home/work phone number: .....

What is the best way to contact you (please circle): Email / Mobile / Home or work phone

If there is a particular day of the week or time that is best to contact you, please write this below:

.....



OR

- 2. I do NOT wish to take part in the catheter study; however, I would be happy to be contacted by the research team at Southampton Clinical Trials Unit (SCTU) about taking part in an interview with the cadet qualitative researcher to discuss my feelings about trying a new catheter and general thoughts on the study.

*Please tick this box if this is your preferred option and provide your contact details below so that we can get in touch with you.*

My contact details:

Email Address: .....

Mobile phone number: .....

Home/work phone number: .....

What is the best way to contact you (please circle): Email / Mobile / Home or work phone

If there is a particular day of the week or time that is best to contact you, please write this below:

.....

OR

- 3. I do NOT wish to take part in either the catheter study or the interview study.

*Please tick this box if this is your preferred option.*

*If you have ticked options 2 or 3, the Research Team would be grateful if you would be willing to let them know the reason that you do not want to take part in the catheter study by selecting from the list on the reply slip and returning it in the pre-paid envelope. Knowing reasons why people do not want to take part is also useful for the*



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**research team and future studies. However, there is no obligation to return the reply slip or to provide a reason. This is optional and anything that you say will not affect your medical care in any way. If you would like to provide a reason, please complete item 4 below.**

4. I do not want to take part in the catheter study because:

- I'm not interested
- I no longer have a catheter
- I don't have time
- Other:

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**Thank you for answering these questions.  
Please return this completed reply slip in the pre-paid envelope.**

Participant ID: 

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Site ID: 

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