Form number: 12

Discontinued Treatment Form

iRehab
Remote rehabilitation after intensive care

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Randomising Site: _____

A. DISCONTINUATION TREATMENT DETAILS :

1) Date of discontinuation d d – m o n – y y y y

2) Level of discontinuation *(Please select one only)*

- ☐ Discontinued from exercise classes
- ☐ Discontinued from iRehab café
- ☐ Discontinued from one-to-ones
- ☐ Discontinued from all trial intervention

3) Reason for discontinuation *(Please select one only)*

- ☐ Participant does not have time to take part/ too burdensome
- ☐ Participant does not believe the study will benefit them
- ☐ Participant had a preference for the opposite study arm
- ☐ Withdrawal was a practitioner decision, *please specify below*
- ☐ Personal reasons
- ☐ Did not specify
- ☐ Other reason(s), *please specify below*

Reference Only Copy

Form completed by (print name): _____ *(Please note: your name must be on the trial delegation log)*

Signature: _____ **Date signed:** d d – m o n – y y y y

Completion Guidelines for CRF 12 Discontinued Treatment Form

This form must be completed if a participant/ practitioner decides to discontinue from the intervention.

Main reason for discontinuation This should be the main reason for discontinuation only. Do not tick multiple reasons. If the reason is not listed, select other and always give further details.

Reference Only Copy