Participant demographics form

Version: 1.0—Date 10.10.2023

Form #3

TNO: ☐☐☐☐ **Initials:** ☐☐☐

Please complete this form prior to randomisation, and keep updated throughout the study

3.1 DEMOGRAPHICS

1. **Participant name** *(in block capitals)*
2. **Participant contact telephone number**
3. **Participant email address** *(in block capitals)*
4. **Participant identifier (NHS/CHI/HSCN number)** ☐☐☐☐☐☐☐☐☐☐

3.2 GP SURGERY DETAILS

1. **Participant GP surgery name**
2. **Participant GP surgery address:**
3. **Participant GP surgery contact telephone number**

Form completed by

Printed name: Signature: Date signed:

d d – m o n – y y y y

N.B. The individual named must be on the delegation log with the assigned responsibility for CRF completion.