

TNO:

Initials:

Please complete this form in the event of participant withdrawal

8.1 SITE DETAILS

Site: Principal investigator:

8.2 DETAILS OF WITHDRAWAL: **Please consider that it may not be necessary to withdraw the participant from all aspects of the trial. Please discuss with SWEET@warwick.ac.uk*

1. Has the participant been withdrawn from the HT&Me intervention?

Participant will continue to complete questionnaires and will continue to be followed up per the protocol schedule.

Yes* No

**If yes, provide date and reason for withdrawal*

Date of withdrawal: - -

Reason for withdrawal:

Participant Choice Medical Reason

Other, please specify:

2. Has participant withdrawn their consent to be contacted for follow-up information?

(follow-up information should still be reported from hospital records, where possible, using CRF 6. This can continue without further contact with the patient)

Yes* No

**If yes, provide date and reason for withdrawal*

Date of withdrawal: - -

Reason for withdrawal:

Participant Choice Medical Reason

Other, please specify:

TNO:

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3. Has the participant withdrawn from questionnaire completion?

Participant will no longer complete questionnaires, but will continue to be followed up per the protocol.

Yes* No

**If yes, provide date and reason for withdrawal*

Date of withdrawal: - -

Reason for withdrawal:

Participant Choice Medical Reason

Other, please specify:

4. Has the participant withdrawn completely from the study?

Encompasses all previous options. No further data will be collected, all data collected to date will be retained and analysed.

Yes* No

**If yes, provide date and reason for withdrawal*

Date of withdrawal: - -

Reason for withdrawal:

Participant Choice Medical Reason

Other, please specify:

5. If required, please provide further details of reason for patient withdrawal

Form completed by

Printed name:

Signature:

Date signed:

 - -

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