

Supplementary material 2: Participant Invitation Letter and Reply Slip

Practice Headed paper

<patient name and address>

<insert date>

Study ID *<insert Study ID>*

Dear *<insert patient name>*

ACTIB: Assessing Cognitive behavioural Therapy in Irritable Bowel

We are writing to invite you to take part in a study that is being led by researchers at the University of Southampton and hosted by a number of different NHS trusts. You have been identified as a suitable participant for this study because you have consulted your GP or seen a consultant as you are suffering from IBS. Your participation in the study is purely voluntary and you may decide not to take part without affecting your care in any way.

We have enclosed an information sheet outlining the study, telling you more about it and what you would be asked to do should you decide to take part. This contains contact details if you require any further information. If you are interested in taking part, please complete page 2 of this letter and return it directly in the FREEPOST envelope enclosed.

When we receive your reply a member of the research team will contact you to assess whether or not you would be eligible to take part. Please note that if you have had access to the MIBS (Managing IBS study) website you would not be eligible to participate in this study.

If you do not want to participate or you are not eligible please complete page 3 of this letter and return it directly in the FREEPOST envelope enclosed.

Thank you very much for taking the time to read this letter and the attached information sheet.

Yours sincerely

Dr *<insert GP name>*

ID <insert Study ID>

If you wish to take part of our study please fill in the following sheet and send it back to us in the FREEPOST envelope.

I would like to take part in the IBS study and am happy for a researcher to contact me to discuss the study further *(please tick)*

Patient Details Not To Be Entered on MACRO

My name is:
I am male /female (please circle)
My date of birth is:
My Address is:
.....
.....
.....
Postcode.....
My contact telephone number is:
Home
Mobile
My email address is.....
(Please ensure you complete a current email address as we may contact you by email)
My GP is:
GP Name.....
GP Surgery Address.....
.....
.....
Signature
Date.....

ID <insert Study ID>

If you do not wish to take part of our study, please fill in the following sheet and send it back to us in the FREEPOST envelope. Your responses will help us in the planning and design of future research studies. We truly appreciate your time. Thank you.

I do not wish to take part in this study because:

(tick all that apply)

1. I have had previous access to the MIBS
(managing IBS study) website and thus am not
eligible for this study

2. I was involved in the MIBS study, and do not wish to participate

3. I do not have time in my daily schedule

4. I do not wish to take part in the telephone Cognitive Behavioural
Therapy

5. I do not wish to take part in the on-line self-management
programme

6. My IBS symptoms have improved and I do not currently
need additional help

7. Any of the previous options do not apply to me
(please specify your own reasons below)
