

## ACTIB

### Assessing Cognitive behavioural Therapy in Irritable Bowel

#### Drop-out Event Form

##### Instruction

If a patient drops out please complete this form and fax to 023 80522299 within 24 hours and telephone/email Gilly O'Reilly 023 80241066 [actibstudy@soton.ac.uk](mailto:actibstudy@soton.ac.uk) 07887517663

Study ID

Date of Birth

ddmmyy

1. Date of withdrawal/release from

ACTIB Protocol ddmmyy

2. Who has taken the decision for this patient to drop-out of the trial?

Investigator  Patient  Therapist  Other

2b. If other, please specify.....

3. Has the patient withdrawn from

Treatment  Whole trial (including follow up)

**4. Primary Reason for withdrawal/release from Protocol**

- Patient has withdrawn consent
- Patient withdrawn by therapist (refer to therapy database for reason)
- Patient is not able to commit time to questionnaires
- New or deterioration of pre-existing medical condition
- Patient lost to follow up (moved, died, cannot contact etc)
- Adverse event (complete SAE form if serious)
- Other

**4b. If other, please specify** .....

Name of person completing form .....

Institution (Site, research centre .....  
or therapist)

Signature .....

Date .....