

Participant Study Number: - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Participant initials <input type="text"/> <input type="text"/> <input type="text"/>
Centre Study ID	

## ALternatives To prophylactic Antibiotics for the treatment of Recurrent urinary tract infection in women (the ALTAR Study)



### Participant Case Report Form: Washout Period

**CONFIDENTIAL**

The ALTAR Trial is funded by the National Institute for Health Research's HTA Programme.

**Completed by:**

**Name:**

**Signature:**

**Date**

Day

Month

Year

#### INSTRUCTION FOR COMPLETION

Please place a [X] or insert [requested information] in appropriate box

If you make any errors while completing this form, please strikethrough through the incorrect data with a horizontal line and initial and date any changes.

**Please enter the unique MACRO identification number generated on starting this form at the top of Page 4. Study ID will only be available if the participant is subsequently randomised.**

Please contact your local recruitment co-ordinator or Central Trial Office if you have any uncertainty regarding completion

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<b>CONTACTS</b>	
<b>A. PARTICIPANT</b>	
<b>Name</b>	

<b>Address</b>	<b>1<sup>st</sup> line:</b>	
	<b>2<sup>nd</sup> line:</b>	
	<b>Town:</b>	
	<b>County:</b>	
	<b>Postcode:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>D.O.B</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
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<b>Hospital Number</b>	
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<b>NHS or CHI Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Sex [X]</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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<b>Preferred telephone number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Alternative telephone number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Email Address</b>					
<b>Preferred means of Contact:</b>	<b>Post</b>	<b>Email</b>	<b>Telephone (Landline)</b>	<b>Telephone (Mobile)</b>	<b>Text</b>
<b>1 [most] to 5 [least]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>B. GENERAL PRACTITIONER</b>		
<b>Surname and Initials</b>	<input type="text"/>	<input type="text"/>

<b>Practice Name</b>	<input type="text"/>
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<b>Address</b>	<b>1<sup>st</sup> line:</b>	<input type="text"/>
	<b>2nd line:</b>	<input type="text"/>
	<b>Town:</b>	<input type="text"/>
	<b>County:</b>	<input type="text"/>
	<b>Postcode:</b>	<input type="text"/>
<b>Telephone number</b>	<input type="text"/>	

<b>C. HOSPITAL CONSULTANT or GENERAL PRACTITIONER RESPONSIBLE FOR CLINICAL CARE DURING WASHOUT PERIOD</b>	
<b>NHS Trust/GP Practice [Research Site]</b>	<input type="text"/>

<b>Consultant/GP Name [Initial]</b>	<input type="text"/>	<input type="text"/>
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<b>GMC Number [7 digit]</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Contact telephone number</b>	<input type="text"/>
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<b>E mail Address</b>	<input type="text"/>
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<b>Subject ID from MACRO</b>	<input type="text"/> <input type="text"/>	Please record subject ID from MACRO in order to find the data again, as full participant study number cannot be assigned until randomisation.
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<b>Section 1: CURRENT PROPHYLAXIS</b>		
1. Approximate number of episodes of symptomatic urinary tract infection experienced by participant in 12 months PRIOR to starting current period of prophylaxis	Enter number = 00 – 99 <input type="text"/> <input type="text"/>	
2. Approximate number of episodes of symptomatic urinary tract infection experienced by participant SINCE starting current period of prophylaxis	Enter number = 00 – 99 <input type="text"/> <input type="text"/>	
3. Approximate months of current period of continuous use of antibiotic prophylaxis for UTI	Enter number = 00 – 99 <input type="text"/> <input type="text"/>	
4. Last agent used for current antibiotic prophylaxis for UTI [X]	Amoxycillin <input type="checkbox"/>	Trimethoprim <input type="checkbox"/>
	Nitrofurantoin <input type="checkbox"/>	Cefalexin <input type="checkbox"/>
	Co-amoxyclav <input type="checkbox"/>	Ciprofloxacin <input type="checkbox"/>
	Other (enter name) <input type="text"/>	

<b>Section 2: OUTCOME OF WASHOUT PERIOD</b>	
1. Date of start of washout period	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
2. Date of end of washout period	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y

<b>OUTCOME</b> 3. Randomised <input type="checkbox"/>	4. Withdrew (check reason below) <input type="checkbox"/>	
	Continued on no prophylaxis <input type="checkbox"/>	Returned to prophylaxis <input type="checkbox"/>
	Other (state) <input type="text"/>	

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SYMPTOMATIC URINARY TRACT INFECTIONS DURING WASHOUT PERIOD			
<b>5. Approximate number of episodes of symptomatic urinary tract infection experienced by participant during washout period</b>	<b>Enter number:</b>		
	<input type="text"/> <input type="text"/>		
<b>6. Severity of symptomatic urinary tract infections experienced during washout period.</b>	Lower UTI	Pyelonephritis (fever +/- loin pain)	UTI requiring hospital admission
<b>[State number of UTIs 00 – 99]</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>