

Effectiveness of Leukotriene receptor antagonists in the
 Evaluation of Asthma Therapies and for health Economics
 Tel: 01603 - 591106 or – 593309



**THIS CRF IS FOR PATIENTS ON INHALED CORTICOSTEROIDS
 ONLY PRIOR TO STUDY
 This patient will start on STEP 3 in ELEVATE**

Study identification no.: _____ Patient initials _____ Date: ___/___/___		
Please confirm:		
Patient meets all inclusion criteria (as listed on audit sheet)	Yes <input type="checkbox"/>	If criteria failed, stop, but call study office if you think patient should be in study
Patient does not have any exclusion criteria (as listed on audit sheet)	Yes <input type="checkbox"/>	
Patient information sheets reviewed and informed consent obtained?	Yes <input type="checkbox"/>	
DEMOGRAPHY – complete with patient		
Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	Postcode: _____	Date of birth: ___/___/___
Race: White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/>		
Did education continue after minimum school leaving age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does patient have a degree or equivalent professional qualification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which of following best describes patient’s main activity?	(tick one)	
• employment or self-employment. <i>Specify job description below.</i>	<input type="checkbox"/>	
• retired <i>Specify last main job description below.</i>	<input type="checkbox"/>	
• housework	<input type="checkbox"/>	
• student	<input type="checkbox"/>	
• seeking work	<input type="checkbox"/>	
• other, <i>specify here</i>	<input type="checkbox"/>	
Job Description <i>If answer "employed or self employed" or "retired" above:</i> 1. Tick appropriate box for: employer, self-employed (without employees) or employee. 2. In space below, specify:	employer <input type="checkbox"/> self-employed (without employees) <input type="checkbox"/> employee <input type="checkbox"/>	

(... Visit 1 continues on next page....)

Patient ID # _____ **Initials** _____ **date** ___ / ___ / ___ **time:** _____

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago: <input type="checkbox"/>			
Tick if last β -agonist less than 4 hours (& state time of dose)		Time: _____ : _____	
<i>PEF</i>	1 st reading	2 nd reading	3 rd reading
	_____ L/m	_____ L/m	_____ L/m
Symptoms during the last four weeks:		If yes, how often?	
difficulty sleeping because of asthma symptoms (<i>including cough</i>)?		<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____	
had usual asthma symptoms (<i>cough, wheeze, chest tightness, SOB</i>) during day?		<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____	
has asthma interfered with usual activities (<i>e.g. housework, work/school etc</i>)?		<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____	
Physical exam	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	<input type="checkbox"/> not done
Specify any abnormalities:			
Height: _____ cms			

Other steps to be completed at this stage of this visit:

- | | |
|--|--------------------------|
| a) All medications prescribed in previous 3 months recorded on the medications sheet (<i>see red tab at back of CRF</i>). | <input type="checkbox"/> |
| b) Give Symptom Diary forms to patient and instruct patient in their use. (<i>see opposite</i>) | <input type="checkbox"/> |
| c) Remind patient that they should not, if possible, use a reliever for 4 hours before next visit. (But of course they may use the reliever if they really need it.) | <input type="checkbox"/> |
| d) Ask patient to fill contact information sheet. Return it to ELEVATE office in freepost envelope along with top copy of this page | <input type="checkbox"/> |

Next study appointment date - 2 weeks.

Note: If patient clinically has to have their therapy increased* now, you may go to visit 2 immediately – see instructions.

___ / ___ / ___

We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form. _____

Remove top copies of this page and previous page and return to UEA, with contact info sheet, using Freepost envelopes

Patient ID # _____ Initials _____ date ____/____/____ time: _____

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago:	<input type="checkbox"/>		
Tick if last β -agonist less than 4 hours (& state time of dose)	<input type="checkbox"/> Time _____		
PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Reversibility testing administer β -agonist now, and complete following 3 pages while waiting.	Time drug given	____:____	
	Drug & dosage		

MEDICAL HISTORY

CATEGORY	MEDICAL HISTORY TERM	YEAR OF DIAGNOSIS	ACTIVE?
Active Medical Conditions & Significant Past Medical History (not minor illnesses)	Asthma		No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
Drug Allergies:			
Respiratory and other investigations or procedures: e.g. Lab tests if clinically significant or abnormal. e.g. Surgery, or procedures, if relevant		YEAR (Or "NA" if never done)	RESULT OR OUTCOME
	Allergy skin prick test		
	IgE / RAST		
	chest x-ray(s) (any abnormal or latest)		
<i>Comments:</i>			

(... Visit 2 continues on next page...)

Patient ID # _____ Initials _____ date ____ / ____ / ____ time: _____

Baseline Asthma Profile - FROM CLINICAL RECORD (may confirm with patient if required)

1. Is diagnosis of asthma recorded in clinical record? Yes No

Basis for diagnosis is: (tick any or all of A to E that apply)

A) Reversibility after inhaled β -agonist PEF or FEV1
 date _____
 value pre medication _____
 value post medication _____
 % change _____
 other, *specify* _____

B) PEF variability
 date _____
 highest PEF _____
 lowest PEF _____
 % change _____
 other, *specify* _____

C) Response to other treatment (eg ICS trial), *specify*:

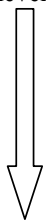

D) Physician diagnosis, based on history and examination, *specify*:

E) Other, *specify*:

2. Does patient have asthma symptoms brought on by:

exercise or physical activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
viral infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
cold air	<input type="checkbox"/> Yes	<input type="checkbox"/> No
animals, <i>specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
occupation, <i>specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
aspirin or other NSAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
others, <i>specify</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Smoking -- has the patient ever smoked? yes, (smoked) no, (never)

-- what age did patient start smoking?	age: _____	 <i>next question</i>
-- average number of cigarettes daily?	_____	
-- other, e.g. pipe, roll-ups, cigars. <i>Specify</i> :	_____	
Still smoking?	<input type="checkbox"/> no, (stopped) <input type="checkbox"/> yes, (still smokes)	
What age did patient stop smoking?	age: _____	 <i>next question</i>

(....Visit 2 continues on next page....)

Patient ID # _____ Initials _____ date ____ / ____ / ____ time: _____

- a) Ask patient for Symptom Diary Card, check if this was understood and completed. Post it to UEA.
- b) Record all medications changes, since Visit 1, on medications sheet (see red tab at back of CRF).
- c) Give visit 2 Questionnaires (enter Patient ID and Practice numbers) and Freepost envelopes to patient to be completed and returned to UEA (see opposite).
Explain Patient oriented targets
- d) Complete Resource Data Collection Sheet with patient (also use clinical records). Give fridge magnet and Resource Diary to use until next visit, and explain.

Report reversibility test (at least 15 minutes after β -agonist given).

PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Symptoms during the last four weeks:	If yes, how often?		
<input type="checkbox"/> difficulty sleeping because of asthma symptoms (including cough)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> had usual asthma symptoms (cough, wheeze, chest tightness, SOB) during day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> has asthma interfered with usual activities (e.g. housework, work/school etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		

- | | |
|--|--------------------------|
| Randomisation to treatment arm (see opposite) | |
| Arm A – Inhaled Steroid plus LAB | <input type="checkbox"/> |
| Arm B – Inhaled Steroid plus LTRA | <input type="checkbox"/> |

Other steps to be completed on this visit:

- e) Study medication prescription given by GP and recorded
- f) Patient pocket information card given to patient
- g) Put treatment arm sticker put on medical record (if appropriate)

Date of next study appointment - 2 months (+/- 3 weeks; may be provisional) <i>Make appointment now, or make provision for this to be done through normal practice appointing procedures.</i>	____ / ____ / ____
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We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form. _____

Remove top copies of this page and previous pages and return to UEA, using Freepost envelopes	<input type="checkbox"/>
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Patient ID # _____ Initials _____ date ____/____/____ time: _____

face to face telephone

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago:	<input type="checkbox"/>		
Tick if last β -agonist less than 4 hours (& state time of dose)	<input type="checkbox"/> Time: ____:____		
PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Symptoms during the last four weeks:	If yes, how often?		
<input type="checkbox"/> difficulty sleeping because of asthma symptoms (<i>including cough</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> had usual asthma symptoms (<i>cough, wheeze, chest tightness, SOB</i>) during day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> has asthma interfered with usual activities (e.g. <i>housework, work/school etc</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		

Other steps to be completed this visit:

Record all medication changes, since last study visit, on medications sheet (<i>see red tab at back of CRF</i>).	<input type="checkbox"/>
Confirm patient received questionnaire and returned to UEA. (<i>If not, call study office to inform</i>).	<input type="checkbox"/>
Complete Resource Data Collection form with patient, using clinical records and Patient Resource Diary Card. (<i>DO NOT alter diary by updating it with any information that arises during this visit</i>).	<input type="checkbox"/>
If patient's status changes (discontinuation or change of medication, becomes pregnant, discontinues contraception, or withdraws from some or all follow up) fill status form (<i>see green tab at end of CRF</i>) and send copy to the UEA	<input type="checkbox"/>
If patient has any adverse event, fill in Adverse event form (<i>see yellow tab at the end of the CRF</i>) and send copy to UEA	<input type="checkbox"/>

Date of next study appointment - 4 months (+/- 3 weeks; may be provisional) <i>Make appointment now, or make provision for this to be done through normal practice appointing procedures.</i>	____/____/____
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We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form.	_____
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Remove top copies & return to UEA, using Freepost envelopes

Patient ID # _____ Initials _____ date ____ / ____ / ____ time: _____

face to face telephone

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago:	<input type="checkbox"/>		
Tick if last β -agonist less than 4 hours (& state time of dose)	<input type="checkbox"/> Time: ____ : ____		
PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Symptoms during the last four weeks:	If yes, how often?		
<input type="checkbox"/> difficulty sleeping because of asthma symptoms (<i>including cough</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> had usual asthma symptoms (<i>cough, wheeze, chest tightness, SOB</i>) during day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> has asthma interfered with usual activities (<i>e.g. housework, work/school etc</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		

Other steps to be completed this visit:

Record all medication changes, since last study visit, on medications sheet (<i>see red tab at back of CRF</i>).	<input type="checkbox"/>
Confirm patient received questionnaire and returned to UEA. (<i>If not, call study office to inform</i>).	<input type="checkbox"/>
Complete Resource Data Collection form with patient, using clinical records and Patient Resource Diary Card. (<i>DO NOT alter diary by updating it with any information that arises during this visit</i>).	<input type="checkbox"/>
If patient's status changes (discontinuation or change of medication, becomes pregnant, discontinues contraception, or withdraws from some or all follow up) fill status form (<i>see green tab at end of CRF</i>) and send copy to the UEA	<input type="checkbox"/>
If patient has any adverse event, fill in Adverse event form (<i>see yellow tab at the end of the CRF</i>) and send copy to UEA	<input type="checkbox"/>

Date of next study appointment - 6 months (+/- 3 weeks; may be provisional) <i>Make appointment now, or make provision for this to be done through normal practice appointing procedures.</i>	____ / ____ / ____
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We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form. _____

Remove top copies & return to UEA, using Freepost envelopes	<input type="checkbox"/>
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Patient ID # _____ Initials _____ date ____/____/____ time: _____

face to face telephone

Annual Review - Demographic update:

Has patient's employment changed in the past year? Yes No
If yes, complete the questions on the demographic update page at the end of the CRF

Smoking update:

Has patient stopped or started smoking in the past year? Yes No
If yes, tick box for stopped or started
 stopped
 started

and specify date

date : ____/____/____

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago:	<input type="checkbox"/>		
Tick if last β -agonist less than 4 hours (& state time of dose)	<input type="checkbox"/>	Time: ____:____	
PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Symptoms during the last four weeks:	If yes, how often?		
<input type="checkbox"/> difficulty sleeping because of asthma symptoms (<i>including cough</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> had usual asthma symptoms (<i>cough, wheeze, chest tightness, SOB</i>) during day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> has asthma interfered with usual activities (e.g. <i>housework, work/school</i> etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		

Other steps to be completed this visit:

Record all medication changes, since last study visit, on medications sheet (<i>see red tab at back of CRF</i>).	<input type="checkbox"/>
Confirm patient received questionnaire and returned to UEA. (<i>If not, call study office to inform</i>).	<input type="checkbox"/>
Complete Resource Data Collection form with patient, using clinical records and Patient Resource Diary Card. (<i>DO NOT alter diary by updating it with any information that arises during this visit</i>).	<input type="checkbox"/>
If patient's status changes (discontinuation or change of medication, becomes pregnant, discontinues contraception, or withdraws from some or all follow up) fill status form (<i>see green tab at end of CRF</i>) and send copy to the UEA	<input type="checkbox"/>
If patient has any adverse event, fill in Adverse event form (<i>see yellow tab at the end of the CRF</i>) and send copy to UEA	<input type="checkbox"/>
Date of next study appointment - 6 months (+/- 3 weeks; may be provisional) <i>Make appointment now, or make provision for this to be done through normal practice appointing procedures.</i>	____/____/____

We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form.

Remove top copies & return to UEA, using Freepost envelopes

Patient ID # _____ Initials _____ date ____ / ____ / ____ time: _____

face to face telephone

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was more than 4 hours ago:	<input type="checkbox"/>		
Tick if last β -agonist less than 4 hours (& state time of dose)	<input type="checkbox"/> Time: ____:____		
PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m
Symptoms during the last four weeks:	If yes, how often?		
<input type="checkbox"/> difficulty sleeping because of asthma symptoms (<i>including cough</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> had usual asthma symptoms (<i>cough, wheeze, chest tightness, SOB</i>) during day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		
<input type="checkbox"/> has asthma interfered with usual activities (<i>e.g. housework, work/school etc</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (days per week 0-7) _____		

Other steps to be completed this visit:

Record all medication changes, since last study visit, on medications sheet (<i>see red tab at back of CRF</i>).	<input type="checkbox"/>
Confirm patient received questionnaire and returned to UEA. (<i>If not, call study office to inform</i>).	<input type="checkbox"/>
Complete Resource Data Collection form with patient, using clinical records and Patient Resource Diary Card. (<i>DO NOT alter diary by updating it with any information that arises during this visit</i>).	<input type="checkbox"/>
If patient's status changes (discontinuation or change of medication, becomes pregnant, discontinues contraception, or withdraws from some or all follow up) fill status form (<i>see green tab at end of CRF</i>) and send copy to the UEA	<input type="checkbox"/>
If patient has any adverse event, fill in Adverse event form (<i>see yellow tab at the end of the CRF</i>) and send copy to UEA	<input type="checkbox"/>

Date of next study appointment - 6 months (+/- 3 weeks may be provisional) <i>Make appointment now, or make provision for this to be done through normal practice appointing procedures.</i>	____ / ____ / ____
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We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form. _____

Remove top copies & return to UEA, using Freepost envelopes

Patient ID # _____ Initials _____ date ____/____/____ time: _____

face to face telephone

1. DEMOGRAPHIC update

Has the patient's employment changed in the past year? Yes No

If yes, complete the questions on the demographic update page at the end of the CRF

Smoking update:

Has patient stopped or started smoking in the past year? Yes No

If yes, tick box for stopped or started

stopped
started

and specify date

date : ____/____/____

PEF (no inhaled β -agonist for 4 hours if possible)

Tick if last β -agonist was **more** than 4 hours ago:

Tick if last β -agonist **less** than 4 hours (& state time of dose) Time: ____:____

PEF	1 st reading	2 nd reading	3 rd reading
	____ L/m	____ L/m	____ L/m

Symptoms during the last four weeks: difficulty sleeping because of asthma symptoms (including cough)? had usual asthma symptoms (cough, wheeze, chest tightness, SOB) during day? has asthma interfered with usual activities (e.g. housework, work/school etc)?	If yes, how often?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(days per week 0-7) _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(days per week 0-7) _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(days per week 0-7) _____

Physical exam normal abnormal not done

Specify any abnormalities:

Other steps to be completed this visit:

Record all medication changes, since last study visit, on medications sheet (see red tab at back of CRF).

Confirm patient received questionnaire and returned to UEA. (If not, call study office to inform).

Complete Resource Data Collection form with patient, using clinical records and Patient Resource Diary Card. DO NOT alter diary by updating it with any information that arises during this visit.

If patient's status changes (discontinuation or change of medication, becomes pregnant, discontinues contraception, or withdraws from some or all follow up) fill status form (see green tab at end of CRF) and send copy to the UEA

If patient has any adverse event, fill in Adverse event form (see yellow tab at the end of the CRF) and send copy to UEA

We recommend that patients should follow national guidelines on asthma management.

Patient should consult their GP/nurse, as normal, at any time during the study

Name of practitioner seeing patient and completing this form. _____

Remove top copies & return to UEA, using Freepost envelopes

Date: ___ / ___ / ___ Visit: ___

Complete this page if there are changes in Employment Details

DEMOGRAPHY UPDATE	
Which of following best describes patient's main activity?	(tick one)
<ul style="list-style-type: none"> • employment or self-employment. <i>Specify job description below.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> • retired <i>Specify last main job description below.</i> 	<input type="checkbox"/>
<ul style="list-style-type: none"> • housework 	<input type="checkbox"/>
<ul style="list-style-type: none"> • student 	<input type="checkbox"/>
<ul style="list-style-type: none"> • seeking work 	<input type="checkbox"/>
<ul style="list-style-type: none"> • other, <i>specify here</i> 	<input type="checkbox"/>
<p><u>Job Description</u> <i>If answer "employed or self employed" or "retired" above:</i></p> <p>1. Tick appropriate box for: employer, self-employed (without employees) or employee.</p> <p>2. In space below, specify:</p>	<p>employer <input type="checkbox"/></p> <p>self-employed (without employees) <input type="checkbox"/></p> <p>employee <input type="checkbox"/></p>
What date did employment change?	___ / ___ / ___

Name of practitioner seeing patient and completing this form. _____

Patient status - Changes from the study protocol

- 1 Discontinuation of study medication
- 2 Optional change from study medication
- 3 Withdrawal from study data collection

Changes to therapy and follow up may occur in several ways and should be documented as below. Complete form below within 2 weeks of any change in medication, or follow up plan, and post to UEA.

1. Distinguish which of the following categories apply (more than one may apply), and treat as indicated:

Category - Description	Study medication	Follow up data collection	Tick here
1. <u>Need to discontinue study medication</u> due to potentially jeopardising adverse event or pregnancy	Cease or change study medication as AE or pregnancy requires.	Continue as much as possible	<input type="checkbox"/>
2. <u>Change from study medication by choice</u>	Patient or clinician chooses to change from study medication	Continue as much as possible	<input type="checkbox"/>
3. <u>Partial withdrawal</u> from some follow up or data collection.	Continues as randomised, modified if indicated by national guidelines	Continue as much as can be agreed	<input type="checkbox"/>
3.a. <u>Patient moves away</u> from study but agrees to continue to fill forms.	Continue as much as can be agreed, need to get new address and GP name. (<i>Write in plan, below</i>)		<input type="checkbox"/>
4. <u>Complete withdrawal</u> (withdraws consent)	Out of study, so therapy as indicated by national guidelines	None (after completing and sending this form.)	<input type="checkbox"/>

2. Specific reason for change/discontinuation/withdrawal (include as much of symptoms, physical exam, history and any labs as possible/appropriate):

3. If patient agrees to a follow up plan (e.g. all or any part of the planned study visits and data collection forms), describe plan:

If patient has moved/will move, please give their new address & Tel, and GP name/address:

Date: ____/____/____

Name of practitioner seeing patient and completing this form. _____

Please remove the copy of this form and post it to the ELEVATE office, in Freepost envelope.

Please call UEA if there are any questions