

## **CHANGE OF STATUS FORM**

To be completed on Withdrawal or Exclusion from the study

	Participant Study No
1.	Date of withdrawal or post-randomisation exclusion (dd/mm/yy)
2.	Withdrawal
2a.	Participant decided to withdraw (state reason)
2b.	Any medical reasons for withdrawal? (state reason)
2c.	What is participant withdrawn from?
2ci.	Yes No
2cii.	His/her relevant hospital and GP records being accessed?
	Yes No No
2cili.	Contact by telephone by a member of the CATHETER team?
	Yes No

3.	Post randomisation exclusion	34 (50)	
За.	Was the patient 'missed' by the Recruitment Coordinator?	Yes	No
3b.	Was the patient an emergency randomisation who refused retrospective consent?	Yes	No
3c.	Did the patient receive a suprapubic catheter?	Yes	No
3d.	Patient never catheterised?	Yes	No
3e.	Other? If so please describe.		