

REFORM: A STUDY OF MUTIFACETED PODIATRY INTERVENTION FOR THE PREVENTION OF FALLS

Change of circumstances form

Please complete this form if there are any changes in the circumstances of the REFORM participant.

Centre number: Participant's trial ID number:

Please enter the date you are completing this questionnaire: / /
Day Month Year

Reason for change in circumstance:

Please read the following and write the number of the **MAIN** reason in the box at the end of this form.

1. The patient no longer wishes to have the study treatment

Please state reason, if given

2. The patient no longer wishes to complete postal questionnaires but agrees to follow up by the health care professional.

3. Patient wishes to leave the study

Please state reason (only if given)

4. Patient is being withdrawn by podiatrist

Please state reason

5. Patient has died (please also complete a 'Serious Adverse Event Form')

Date of death: / /
Day Month Year

6. Patient is lost to follow up

7. Other reason (Please state below)

The main reason for the change is option number (Please write option number in box)

Please give more details, if applicable:

Please send this form to the York Trials Unit in the pre-paid envelope provided