

Reasons for Withdrawal

Study ID: Date:

Please tick any of the below that led you to decide to withdraw from the study. By providing this information you will be helping in the design of future studies.

It is important you answer the questions carefully and accurately. There are no right or wrong answers to these questions, and your responses will in no way affect your routine care.

The reasons for your withdrawal will be entirely anonymous and confidential. You may not decide to give this information.

Reason for Withdrawal	Yes	No	Maybe	Details
Interventions were not appropriate/ suitable for my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which level of intervention did you feel was not appropriate or suitable?				
1 = Self help booklet			<input type="checkbox"/>	
2 = Psychoeducation (with CNS or radiographer)			<input type="checkbox"/>	
3 = Interpersonal therapy (with psychologist)			<input type="checkbox"/>	
I was unhappy with the group that I was randomly assigned to and would have preferred to be in the alternative group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The design of the study was too difficult to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation was inconvenient to everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There were side effects of the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I did not feel well enough to continue on with the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trials are not appropriate in serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The treatment does not offer the best option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The trial had no personal benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I prefer other means of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The trial took up too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reason for Withdrawal	Yes	No	Maybe	Details
The trial was not what I expected it to be/ the information I received at the beginning was inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transport or distance to hospital/ trial site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I did not have enough family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt very anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt uncomfortable with experimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt I was not in control of decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt uncertain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I thought my quality of life was reduced as a result of participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I fear or mistrust the researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel the relationship with my treatment team (e.g. doctors/ nurses etc.) was effected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I believe my doctor should be making the decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt coerced to join	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I did not feel well enough to continue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was already involved in another trial				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If other, please give additional details below