



OTIS: Occupational Therapist Intervention Study

Change of circumstances form

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

Centre number: Participant's trial ID number:

Please enter the date of the change of circumstances: / /
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 a home visit / follow up phone call (Patient agrees to provide outcome data)** Please state reason, if given:

2. **The patient is withdrawing fully from the study i.e. no home visit / phone call and no follow up.** Please state reason (only if given):

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

Date of death: / /
Day Month Year

4. **Patient is lost to follow up**

5. **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:

Researchers Name: Researchers Signature: Date: / /
Day Month Year

Please fax this form to the York Trials Unit [insert number]. Thank you