

PRIDE Feasibility RCT

eCRF Workbook

Intervention Records

Participant Initials:

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Participant ID:

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Sponsor:

University of Nottingham

CRF Version:

Final v1.0 – 20 November 2018

Participant ID:

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Participant Initials:

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Intervention Session Log

PRIDE Participant Manual provided to participant:

None ☐

Paper manual only ☐

Web-based manual only ☐

Both ☐

No.	Facilitator ID	Participant attended		Date (dd-mmm-yyyy)	Length of session (minutes)	Supporter present			Reason for non-attendance*	
		Yes	No			Trial supporter	Other supporter	No supporter	Participant	Trial Supporter
1		☐	☐			☐	☐	☐		
2		☐	☐			☐	☐	☐		
3		☐	☐			☐	☐	☐		

* Reasons for non-attendance - PARTICIPANT

01. Ill health
02. Home or family commitments
03. Work commitments
04. Discontinued treatment
05. Withdrawn from trial (withdrew consent)
06. Unable to contact
07. No supporter available
08. Other (please specify)

* Reasons for non-attendance – TRIAL SUPPORTER

01. Ill health
02. Home or family commitments
03. Work commitments
04. Discontinued treatment
05. Withdrawn from trial (withdrew consent)
06. Unable to contact
07. Participant chose to attend alone
08. Other (please specify)

Participant ID:

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Participant Initials:

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Intervention Summary

Topics covered (tick all that apply)	Keeping mentally active ☐ Keeping physically active ☐ Keeping socially active ☐ Making decisions ☐ Getting your message across ☐ What does it mean to be told you have dementia? ☐ Keeping healthy ☐
Intervention status	Completed ☐ Discontinued before completion ☐
If discontinued before completion, please give reason	Participant withdrew consent (no longer participating in trial) ☐ Participant did not like intervention ☐ Participant did not feel they were benefitting from the intervention ☐ Too busy ☐ Ill health ☐ No reason given ☐ Not known (unable to contact participant) ☐ Clinician judgement ☐ Other (specify) ☐
Specify	

Participant ID:

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Participant Initials:

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Intervention Activity Additional Support Log

Facilitator ID	Activity code*	Details	Date of activity (dd-mmm-yyyy)	Duration (minutes)	Involved (Yes or No)			
					Participant	Supporter	Other	Specify

* 01. Scheduled telephone follow-up, 02. Additional telephone support (facilitator initiated), 03. Additional telephone support (participant initiated), 04. Session preparation, 05. Session administration (room booking, printing etc.), 06. Facilitator travel to attend sessions, 07. DNA appointment, 08. Facilitator sought clinical advice / supervision (local)