| Participant ID | | | | | | AMBER Abdominal Massage for Bowel Dysfunction Effectiveness Research | ADVERSE EVENTS LOG |
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| **Description of adverse event** (provide additional information on notes pages if required) | **Date of onset** DD/MM/YYYY | **Date reported to Investigator /team** DD/MM/YYYY | **Severity** 1. Mild 2. Moderate 3. Severe | **Causality** 1. Unrelated 2. Possible 3. Probable 4. Definite | **Action taken – please list all that apply** 1. None 2. Hospitalisation 3. Intervention stopped 4. Intervention reduced 5. Intervention interrupted 6. Con Meds commenced * 7. Other (specify) | **Outcome** 1. Recovered 2. Ongoing 3. Disability or incapacity 4. Death 5. Unknown | **Is this a Serious AE? YES** or **NO** | **Date resolved** (Enter date resolved or tick if ongoing at end of study) DD/MM/YYYY | **PI Signature and Date** DD/MM/YYYY |
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| | __/__/____ | __/__/____ | | | | | | __/__/____ or ☐ | __/__/____ |
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| | __/__/____ | __/__/____ | | | | | | __/__/____ or ☐ | __/__/____ |
| | __/__/____ | __/__/____ | | | | | | __/__/____ or ☐ | __/__/____ |

* Record on Con Meds Log
** If adverse event meets criteria for a serious adverse event (SAE), please submit an online SAE report within 24 hours of becoming aware of the event