Participant ID							TELEPHONE RECORD WEEKS 1-6

TIMEPOINT	PLEASE CIRCLE						
Weeks from baseline visit	1	2	3	4	5	6	Withdrawal

Was telephone call completed? ☐ YES ☐ NO

If NO please give reason:
[and do not complete the rest of the form]

Date of call D D – M M M – Y Y Y Y

Advice only ☐
Massage ☐

Telephone calls – Researcher should ask the participant the following questions and clearly explain to participant that they should answer each question in relation to the last 7 days.		
Have you changed your diet?	☐ YES ☐ NO	If yes, how?
Have you changed your fluid intake?	☐ YES ☐ NO	If yes, how?
Have you changed your defaecation position?	☐ YES ☐ NO	If yes, how?
Are you taking more exercise?	☐ YES ☐ NO	If yes, how?
Have your changed any medication*? If yes, record in Concomitant Medication Log*	☐ YES ☐ NO	
Have you changed your use of laxatives (i.e those not prescribed by GP)?	☐ YES ☐ NO	If yes, how?

Participant ID							TELEPHONE RECORD WEEKS 1-6

Telephone calls cont.	
Has there been any change in your bowel habits?	☐ YES ☐ NO
If yes, indicate how below More often Less time spent Less hard Other (specify)	 ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
General discussion on any of these points	
Have you completed the diary this week.	☐ YES ☐ NO
Have you completed the Patient Resource Questionnaire this week.	☐ YES ☐ NO
Have there been any adverse events? *If yes complete AE form and SAE if applicable*	☐ YES ☐ NO
Additional Information	

Participant ID							TELEPHONE RECORD WEEKS 1-6

Telephone calls cont.	
Are there going to be any change of address/contact information prior to your next study call/appointment? If yes, please detail.	☐ YES ☐ NO

Telephone calls cont. (massage participants only)	
Did you administer the massage yourself?	☐ YES ☐ NO
Did a carer administer the massage?	☐ YES ☐ NO
What position was the massage administered (Lying, semi-lying, sitting)	☐ Lying ☐ Semi-lying ☐ Sitting
Time of day administered (Morning, afternoon, evening)	☐ Morning ☐ Afternoon ☐ Evening
Additional information.	

DATA ENTERED ON DATABASE (SIGN & DATE)
D D – M M M – Y Y Y Y