

Participant trial number: Please complete before issuing to the patient

Four empty boxes for trial number



PLEASE COMPLETE THE PATIENT SATISFACTION QUESTIONNAIRE ISSUED WITH THIS FORM AS SOON AS POSSIBLE FOLLOWING DISCHARGE

(by "service" we mean the treatment you have received for your miscarriage as part of the MifeMiso study)

MifeMiso: A randomised placebo-controlled trial of mifepristone and misoprostol versus misoprostol alone in the medical management of missed miscarriage

PATIENT SATISFACTION INTERVIEW STUDY

Patient Satisfaction Interview Study

We are interested in exploring your experiences of taking part in the MifeMiso study and of the treatment you have received following your miscarriage. If you would be willing to take part in a one to one discussion in English with a member of the research team, please complete your details below. We may contact you to arrange an interview where you can discuss the treatment you received in more detail.

Please leave this section blank if you do not wish to be contacted.

Form fields for personal details: First Name, Surname, Address, Home phone, Work phone, Mobile, Email

Please indicate your preferred method of contact:

Post, Phone, Email checkboxes

By completing and signing this form I hereby give permission to be contacted by a member of the research team based at the University of Birmingham.

Signature and Date fields

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. ONCE YOU'VE FILLED IT IN, PLEASE PLACE IT IN THE FREEPOST ENVELOPE THAT'S BEEN PROVIDED AND POST IT BACK TO US AS SOON AS YOU CAN. PLEASE USE ONE FREEPOST ENVELOPE FOR RETURNING THIS FORM AND A SEPARATE FREEPOST ENVELOPE FOR RETURNING THE SATISFACTION QUESTIONNAIRE AND THE EQ-5D-5L QUESTIONNAIRE