**MTBQ registration form**

**Contact details**

|  |  |
| --- | --- |
| Name: |  |
| Email address: |  |
| Phone number: |  |
| Organisation: |  |

**Reason for using the MTBQ**

|  |  |
| --- | --- |
| Purpose (e.g. trial, other research trial, other purpose): |  |
| Details of use (e.g. setting, description of intervention, number of patients, other data captured, start and end date): |  |
| Modification request: The MTBQ should not be modified but we will consider requests for translation or modification to stems. Please enter a request here, or leave blank if no modification is requested.  |  |

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| Please tick this box to confirm you agree with the MTBQ licence terms and conditions available at:<http://www.bristol.ac.uk/primaryhealthcare/resources/mtbq/>  | □ |