



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ *pkdid*

Clinical Center: _____ *pccn*

visit: _____

Study Withdrawal/Lost to Follow-up Form

This form is to be completed if the participant is lost to follow-up, becomes ineligible, or withdraws from the study.

1.	Date of last contact with participant or family member: <i>contdate</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Is this participant lost to follow-up? <i>ltfyn</i> <i>If yes, STOP</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes		STOP		
3.	Has the participant withdrawn? <i>parwd</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes		(Go to 14)		
4.	Date of withdrawal: <i>wddte</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	Are the reasons for the participant's withdrawal known? <i>rwkyn</i> <i>If yes, then please complete items 6-13</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes		STOP		
6.	The participant has moved to a location which is not near a CRISP Clinical Center. <i>moveyn</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
7.	The participant's physician has asked him or her to withdraw from the study. <i>doctoryn</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
8.	The participant is unwilling to miss school/work. <i>schwork</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
9.	The participant is unwilling to travel to clinic for visits. <i>travcl</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
10.	The participant is unwilling to make a follow-up commitment. <i>fucom</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
11.	The participant has a new job or a new work situation which makes participation burdensome. <i>newjobyn</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
12.	The participant has an illness or hospitalization of self or family. <i>illyn</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
13.	There is another circumstance that in the discretion of the principal investigator is a valid reason for withdrawal. <i>otenr</i> <i>If yes, please specify briefly:</i> <i>otensp</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes		<hr/> <hr/>		



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14. Is the participant ineligible? *inelig* 0 No 1 Yes

If yes, please complete items 15-18

15. The participant has a current psychiatric or addiction non-compliance disorder that in the discretion of the principal investigator indicates that they will not successfully complete the study. *curpsyc* 0 No 1 Yes

If yes and the participant volunteers the information, please specify:

_____ *curpsycspc*

16. The participant has a current medical problem that in the discretion of the principal investigator would make unsafe their participation in the study. *cur* 0 No 1 Yes

If yes and the participant volunteers the information, please specify:

_____ *curspc*

17. The participant has another condition that in the discretion of the principal investigator makes the participant ineligible. *otcrit* 0 No 1 Yes

If yes, please specify: _____ *otcritsp*

18. Date found ineligible: *ineldt*

		/			/				
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PI Signature: _____ *pinum* Date Signed: ____/____/____ *pidate*

CRISP Member completing this form _____

_____ *cdidnum*

Date Form Completed ____/____/____

_____ *cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: ____/____/____

_____ *deidnum*

_____ *dedate*

Secondary Entered by: _____ Date ____/____/____