



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*  
visit:

Clinical Center: \_\_\_\_\_ *pccn*

## 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.	Has the participant refused enrollment in CRISP III (prior to Visit 10)? <i>refyn</i> <i>If yes, complete Date Refused and STOP</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	<b>(Go to 4)</b>			
3.	Date refused: <i>refsdte</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Is this participant lost to follow-up? <i>lftyn</i> <i>If yes, STOP</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	<b>STOP</b>			
5.	Has the participant withdrawn? <i>parwd</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	<b>(Go to 16)</b>			
6.	Date of withdrawal: <i>wddte</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	Are the reasons for the participant's withdrawal known? <i>rwkyn</i> <i>If yes, then please complete items 8-15</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	<b>STOP</b>			
8.	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				
9.	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				
10.	The participant is unwilling to miss school/work. <i>schwork</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
11.	The participant is unwilling to travel to clinic for visits. <i>travcl</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
12.	The participant is unwilling to make a follow-up commitment. <i>fucom</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
13.	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				
14.	The participant has an illness or hospitalization of self or family. <i>illyn</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
15.	There is another reason for withdrawal. <i>otentr</i> <i>If yes, please specify briefly: otensp</i>			0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes				
<hr/> <hr/>									



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visit: \_\_\_\_\_

Clinical Center: \_\_\_\_\_ *pccn*

## Study Withdrawal/Lost to Follow-up Form

<b>16. Is the participant ineligible?</b> <i>inelig</i>  <i>If yes, please complete items 17-20</i>	0 <input type="checkbox"/> No    1 <input type="checkbox"/> Yes <b>(Go to 21)</b>
<b>17. 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.</b> <i>curpsyc</i>  <i>If yes and the participant volunteers the information, please specify:</i>  _____ <i>curpsycspc</i>	0 <input type="checkbox"/> No    1 <input type="checkbox"/> Yes
<b>18. The participant has a current medical problem that in the discretion of the principal investigator would make unsafe their participation in the study.</b> <i>cur</i>  <i>If yes and the participant volunteers the information, please specify:</i>  _____ <i>curspc</i>	0 <input type="checkbox"/> No    1 <input type="checkbox"/> Yes
<b>19. The participant has another condition that in the discretion of the principal investigator makes the participant ineligible.</b> <i>otcrit</i>  <i>If yes, please specify:</i> _____ <i>otcritsp</i>	0 <input type="checkbox"/> No    1 <input type="checkbox"/> Yes
<b>20. Date found ineligible:</b> <i>ineldt</i> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
<b>21. Has the participant's Limited Participation status been modified?</b> <i>lpmodifi</i>  0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes, Not Limited to Limited 2 <input type="checkbox"/> Yes, Limited to Not Limited	
<b>22. Date of modification of Limited Participation status:</b> <i>lpmoddate</i> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

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 \_\_/\_\_/\_\_\_\_