

Entered: __ / __ / 20__

Initials: _____

Verified: __ / __ / 20__

Initials: _____

Patient ID _____ - **ID** _____ - _____

For office use only.

Retention Survey (Inactivated Participants) Version 1.0: 07/31/2007 **FORMV**

Form Completion Date __ __ / __ __ / 20__ __
 mm dd yy

RSIDAT

DOIDAT Inactivation date: __ __ / __ __ / 20__ __
 mm dd yy

1. What is the **main reason** you are not returning for your LABS follow-up appointments?

- 1. Family responsibilities
- 2. Travel time to medical facility
- 3. Work responsibilities
- 4. No longer interested in participating in a research project
- 5. Did not like the research visit
- 6. It's not part of my clinic visit (inconvenient to schedule)
- 7. Coordinator completed.

MAINREAS

2. Are there any **other** reasons why you are unable to return to your LABS follow-up appointments?

- 0. No
- 1. Yes

OTHREAS

If yes, specify:

OTHREAS1

OTHREAS2

OTHREAS3

3. What could we have done to keep you in the study?

DOKEEP1

DOKEEP2

DOKEEP3