

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

Enrollment Confirmation

Research Coordinator completes at Baseline Contact.

1. Did the Participant successfully enroll in the Trans-MAPP Epidemiology and Phenotyping Study? ₁ Yes ₀ No

If question 1 is **YES**, please complete question 1a.

If question 1 is **NO**, please skip to question 2.

a. Please record the date of the scheduled first bi-weekly contact: _____ ₉₉ NA
 (Please record NA for Control Participants.) MM / DD / YYYY

2. Please select the **primary reason** the participant did not successfully enroll in the study:

- ₁ Participant not interested in participating/following protocol
- ₂ Participant does not consider this study beneficial
- ₃ Participant has concerns about the research processes
- ₄ Participant has medical condition(s) unrelated to chronic pain that may interfere with participation
- ₅ Participant prefers additional compensation
- ₆ Participant has concerns about data privacy / protection of personal medical information
- ₇ Participant not bothered enough by the symptoms to justify participation
- ₈ Participant refused to provide biomarker specimens
(including blood, cheek swab specimen, and/or urine specimen)

3. Research Coordinator ID _____ (4-digit ID)