

Patient Final Status Form

Patient ID _____

Complete this form for all subjects enrolled in the study to document the final status of each person.

1. Date of final status (last time individual completed study assessment or provided study data): _____

2. Final Status:

- Completed study per protocol (i.e., all study visits and study assessments were completed)
- Ineligible (data will be destroyed)
- Lost to follow-up
- Withdrew from study
- Death

2a. If 'Ineligible' or 'Withdrew from study', provide reason: _____

2b. If 'Lost to follow-up', provide date determination was made to no longer attempt to contact: _____

2c. If 'Death', provide date last known alive OR date of death: _____

3. Additional Comments (if applicable): _____