

ACT Study Termination Form

ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEWID	Acrostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Test	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	VISIT	Completed by	<input type="checkbox"/>	<input type="checkbox"/>	(Staff code)	

Why is this participant being terminated from study follow-up? **WHYTERM**

- 1 Participant has completed 24-month follow-up evaluation.
- 2 Participant refused further contact and has requested to be terminated from the study.
- 3 Participant has been lost to follow-up (all attempts to contact participant have failed).

4 Participant has died ⇒

Date of Death	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
	Mon			Day			Year	
Cause of Death:	_____							

State in which participant died:								
1 <input type="checkbox"/> Tennessee	2 <input type="checkbox"/> Texas	3 <input type="checkbox"/> California						
4 <input type="checkbox"/> Other	_____							
<i>Obtain copy of death certificate from state in which participant died.</i>								

5 Participant terminated from study for other reason(s):

Specify reason(s) for termination:
