

**Lung Screening Study**

**MISSING DATA FORM (MDF)**

Date Form Completed:..|\_|\_|-|\_|\_|-|2|0|\_|\_|  
 MO DY YEAR

Screening Center: .....|\_|\_|

Screening Center Staff ID: .....|\_|\_|\_|\_|



**MDF**

Participant ID Label

STUDY FORM (CHECK ONE)	REASON CODE (IF CODE = 88, SPECIFY REASON)
<input type="checkbox"/> Spiral CT Screening Examination Form (SCT)	_ _
<input type="checkbox"/> Chest X-ray Screening Examination Form (XRY2)	_ _
<input type="checkbox"/> Diagnostic Evaluation Form (DE)	_ _
<input type="checkbox"/> Health Assessment Questionnaire (HAQ)	_ _

**Reason Codes**

- 01= Refused procedure/Activity
- 02= Can't Locate
- 03= Deceased
- 04= Records Could Not Be Obtained
- 88= Other (Specify)