

**TERMINATION OF STUDY
PARTICIPATION**

Subject ID: 2
 Subject Initials: _____
 Last Visit Number: ____
 Current Date: ____ / ____ / ____
month day year
 Interviewer ID: _____

(Clinic Coordinator completed)

Please indicate the reason(s) for termination of study participation.

TERM_01

1. (Visit 6 Only)

Did the subject have a positive pregnancy test?

₁ Yes ₀ No ₉ N/A

TERM_02

2. (Visit 6 Only)

Has the subject completed the study?

₁ Yes ₀ No

If Yes, skip to the SIGNATURES section.

TERM_03

3. Has the subject withdrawn consent?

₁ Yes ₀ No

TERM_03a

If **Yes**, indicate the **primary** reason.

- ₁ no longer interested in participating
- ₂ no longer willing to follow protocol
- ₃ access to clinic is difficult (location, transportation, parking)
- ₄ unable to make visits during clinic hours
- ₅ unable to continue on study due to personal constraints
- ₆ dissatisfied with lack of asthma control
- ₇ unable to continue due to medical condition unrelated to asthma
- ₈ treatment failure
- ₉ other _____

TERM_04

4. Is the subject no longer participating in the study due to pregnancy?

₁ Yes ₀ No

SIGNATURES

Please complete the following section regardless of the reason for termination of study participation.

I verify that all information collected on the ACRN CIMA data collection forms for this subject is correct to the best of my knowledge and was collected in accordance with the procedures outlined in the ACRN CIMA Protocol and Manual of Operations.

TERM_S1

TERM_DT1

Clinic Coordinator Signature

____ / ____ / ____
month day year

TERM_S2

TERM_DT2

Principal Investigator Signature

____ / ____ / ____
month day year