

**Severe hypoglycemia in Older Adults Protocol CRF
Participant Final Status Form**

PtID: _____

Initials: _____

This form is required for every participant with an assigned ID number upon early withdrawal from the Severe Hypoglycemia in Older Adults study.

1. Select one of the following to indicate the disposition of the participant. BFinStatReas

Participant withdrew from the study (please provide details in COMMENTS field)

- ☐ Site withdraws participant (please provide details in COMMENTS field)
- ☐ Participant has been lost to follow-up
- ☐ Death (complete section below)

Death

Complete the following for a participant who dies.

1. Date of death: ____ / ____ / ____ OR if exact date not known, estimate:

____ / ____

2. Primary cause of death: ☐ Hypoglycemia ☐ Hyperglycemia ☐ Other **PrimDeathCause**

2a. If you selected "Other" and the primary cause of death was a medical condition, select the condition from the following list: MCLLTRal

2b. If you selected "Other" and the primary cause of death was not due to a medical condition (i.e. accident, drowning), please describe the cause of death:

2c. If death due to hypoglycemia or hyperglycemia, please provide details:

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COMMENTS
