Nursing Research and Education
Off-Study Form

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

FormType

Form Type 1 Patient 2 Caregiver

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

1. Date of last contact: LstContactDate month / day / year

2. Indicate whether the patient's baseline eligibility status remains the same.

   Select "Yes" if true, and "No" if any new information has surfaced that indicates that the patient should not have been e at baseline.

   BaselineEligYN

   1 Yes 0 No

   → If no, provide the reason: SKFIRsnBaselineElig

3. PtOffProtYN aregiver off protocol?

   1 Yes 0 No

   → If yes, OffProtRsn ason the patient/caregiver is off protocol:

   1 Study completed 2 Patient refused / withdrew 3 No longer interested

   4 Too overwhelmed 5 Too ill 6 Lost to follow-up

   7 Could not be reached 8 Death 9 Other: specify reason: SKFIOffProtReasonOther

4. Vital status: VitalStatus 1 Alive 2 Lost to follow-up 3 Dead

   → If dead, date of death DeathDate month / day / year

Form Completion Information

Completed By: Nurse ID: NurseCompleteID

Date Completed: CRACompleteDate month / day / year

Date Reviewed: PhysReviewDate month / day / year

Reviewed By FULL NAME (Please Print)

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