30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

DOCUMENTATION OF REFUSAL OR LOST TO FOLLOW-UP

This form is to be used to document participants who refuse to continue to participate in the study, or who have missed two consecutive quarterly visits with all attempts to contact unsuccessful (lost to follow-up.)

1. SHEP ID: (3) [22][23] - (4) [24][25][26][27] - (5) [28][29]

2. Acrostic: (6) 41-46 [ ][ ][ ][ ][ ][ ]

3. Date this form completed: [36][37] Month [38][39] Day [34][35] Year (7)

4. This form documents a: 47 (8)
   1 ☐ refusal
   2 ☐ lost to follow-up

LOST TO FOLLOW-UP

5. Has the participant moved?
   - Yes, to known address outside clinical center area ☐ 1
   - Yes, but address unknown ☐ 2
   - No ☐ 3
   - Don't know ☐ 4

   48 (9)

6. Document attempts to contact since last clinic visit:

49 (10) P 0/1

REFUSAL

7. Primary reason for refusal:

50 (11)
- 1 ☐ Moved outside clinical center area, unwilling to return to clinic
- 2 ☐ Visit schedule too frequent
- 3 ☐ Transportation problem, unable to resolve
- 4 ☐ Request by participant to go on known antihypertensive medications, off SHEP meds
- 5 ☐ Private physician advice
- 6 ☐ Intervening illness
- 7 ☐ Problem with clinic location or operation (explain in Comments, Item 10).

8. Participant was contacted:

51 (12)
- 1 ☐ in the SHEP clinic
- 2 ☐ by telephone
- 3 ☐ other (specify): _____

9. Is the participant willing to be contacted by telephone at quarterly visits for a short assessment of general well-being?

52 (13) Yes ☐ 1 No ☐ 2

10. Comments:

53 (14) P 0/1

11. Signature of person completing this form: _____ (15) 54 55 Code

RECORD TYPE (16) 56

DATE RECEIVED (17) 57-62

UPDATE NUMBER (18) 63-65

DATE LAST PROCESSED (19) 66-71

PAPER COPY (20) 72

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11-16 (515) DATE MODIFIED

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Cross-Forms Edit (21) 73