



**ACRIN NLST 6654
7.5-Year Follow-up Coversheet
Vital Status Update**

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

1. Participant vital status: (check only one)

- Alive (go to Q 2)
- Deceased (complete Q 1a – b)
- Unknown (go to Q 2)

1a. Date of death: ____ - ____ - **20**____ (mm-dd-yyyy)

1b. Indicate source of information: (check all that apply)

- Participant family member or friend
- Participant's health care provider
- Medical document or death certificate
- Mailing returned as deceased
- Other, specify: _____

2. Was the Follow-up Form for this reporting period completed? (check only one)

- No (complete Q 2b)
- Yes (complete Q 2a)

2a. Method(s) the Follow-up Form was completed (check all that apply)

- In-person
 - Telephone
 - Mail _____ - ____ - **20**____ to _____ - ____ - **20**____ (mm-dd-yyyy)
 - Proxy
- Follow-up time interval collected:** (previous F1/F2 to current F2)

2b. Reason the Follow-up Form was not completed: (check only one)

- Participant deceased
- No response, multiple contact attempts made but participant has not replied
- Participant or proxy refused completion of the follow-up form
- Participant or proxy failed to return follow-up form (participant receipt of form confirmed)
- Lost participant, unable to contact / locate participant (tracing activities should be initiated)
- Lost to Follow-up, unable to establish contact for a consecutive 18-month period (3 follow-up time points)
- No attempt made to administer follow-up form
- Physical illness / cognitive impairment
- Other, specify: _____

3. Was there any change in the participant contact information since last contact or study follow-up? (check only one)

- No
- Yes (group 1 sites, fax/mail updated contact sheet to BC)
- Unknown

Person responsible for Follow-up data

____ - ____ - **20**____ (mm-dd-yyyy)
Date form completed

Person entering data on web