



HCHS/SOL - Study Withdrawal WTD QxQ

7/15/2024

General Information

Use this form when a study participant withdraws from the HCHS/SOL study. Study withdrawal means the participant has requested to no longer be contacted for any HCHS/SOL activities, including Visits, Annual Follow Up and Ancillary Studies.

This form should **only** be completed when a participant requests to withdraw from the study. It should not be administered directly to the participant.

This form should also be used in limited cases to identify duplicate IDs within the study.

Question by Question Instructions

Q0a. Completion Date: Enter the date this form was completed.

Q0b. Enter the Staff ID of the staff member completing the form.

Q1. Select (1) "Yes" if the participant withdrew from the study.

Select (2) "Duplicate ID" to indicate that that Subject ID is a duplicate and should no longer be used. This option applies to a very limited set of participants that were incorrectly enrolled under two separate Subject IDs at baseline. This should be indicated *only* for the ID that is no longer in use. For the valid ID, do not mark as duplicate ID.

Q1a. Record the date the participant withdrew from the study, using month/date/year format.

Q2. Indicate if participant withdrew permission for use of their data. (Note that they cannot withdraw consent for use of data that has already taken place). This will normally be "No".

Q2a. If applicable, record the date the participant withdrew consent for use of their data, using month/date/year format.

Q3. Use the notes section for any additional information you may want to add.