HCHS/SOL
Study Withdrawal – WTD

ID NUMBER:									FORM CODE: WTD VERSION: 1.1, 7/15/2024	Contact Occasion			Occurrence	0	1

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy) 0b.Staff ID: ☐☐☐

Instructions: *This form is to record a hard withdrawal from the HCHS/SOL study (i.e., participant requests never to be contacted for any HCHS/SOL activities, including visits, ancillary studies, and annual follow-up.)* ***Do not administer this form directly to the participant.***

A. Withdrawal Information

1. Participant withdrew from HCHS/SOL study?
   - 0 ☐ No
   - 1 ☐ Yes
   - 2 ☐ Duplicate ID

   1a. Date of withdrawal: ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

2. Participant withdrew consent for use of their data?
   - 0 ☐ No
   - 1 ☐ Yes

   2a. Date of withdrawal: ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

3. Notes (optional):