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Date			/			/		
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Staff ID			
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Participant Withdrawal / Removal Form

lastvisit

1. Last visit or contact completed prior to study withdrawal

<input type="checkbox"/>	Sleep Monitor Screening	(Time Point 1)
<input type="checkbox"/>	Baseline and Randomization Visit	(Time Point 2)
<input type="checkbox"/>	Week 1 Phone Contact	(Time Point 3)
<input type="checkbox"/>	Week 2 Phone Contact	(Time Point 4)
<input type="checkbox"/>	Week 4 Phone Contact	(Time Point 5)
<input type="checkbox"/>	Week 8 Phone Contact	(Time Point 6)
<input type="checkbox"/>	Final Visit	(Time Point 7)

2. Reason/s (select all that apply)

nopm	<input type="checkbox"/>	Did not use portable sleep monitor after signing consent
failpm	<input type="checkbox"/>	Attempted but did not successfully use sleep monitor (limited info)
ahihigh	<input type="checkbox"/>	At screening- AHI too high (>50)
ahilow	<input type="checkbox"/>	At screening- AHI too low (<15)
centap	<input type="checkbox"/>	At screening- central sleep apnea index >5
oxysat	<input type="checkbox"/>	At screening- nocturnal oxygen saturation <85% for >10% of the record
adverseevent	<input type="checkbox"/>	Adverse Event/Serious Adverse Event
illness	<input type="checkbox"/>	Significant concurrent illness
noncompliance	<input type="checkbox"/>	Protocol noncompliance
lossfollowup	<input type="checkbox"/>	Lost to follow up
withdrawnconsent	<input type="checkbox"/>	Withdrawn informed consent
relocation	<input type="checkbox"/>	Relocation
dissatisfaction	<input type="checkbox"/>	Dissatisfaction with treatment
lossinterest	<input type="checkbox"/>	Loss of interest in the study
withother	<input type="checkbox"/>	Other, specify: <input type="text" value="withother_text"/>

3. Date of Withdrawal / Removal:

Date						/			
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PI Initials				PI Review Date			/			/	
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