## Instructions:
If a participant withdraws or is withdrawn from the study prior to completion of all study activities, document the requested information below. The Site Investigator must sign the NP Form.

1. **Date of withdrawal:** _____ - _____ - 20_____ (mm-dd-yyyy) [1]

2. **Type of withdrawal:** [2]
   - [ ] 1 Investigator-Initiated: Subject to review by the Executive Committee, specify reason in Comments below.
   - [ ] 2 Participant-Initiated (complete 2a-b below)

2a. **Reason for withdrawal:** (check all that apply)
   - [ ] Transportation problems [3]
   - [ ] Concerned about privacy [4]
   - [ ] Physical illness/cognitive impairment [5]
   - [ ] Refused randomized arm [6]
   - [ ] Family responsibilities [7]
   - [ ] Loss of interest in study [8]
   - [ ] Dissatisfied with study [9]
   - [ ] Concerned about medical costs responsibility [10]
   - [ ] Concerned about health care effects [11]
   - [ ] Participating in other research study [12]
   - [ ] Work demands [13]
   - [ ] Out of area [14]
   - [ ] No reason given [15]
   - [ ] Other: [16] [17]

2b. **Type of participant withdrawal:** [18]
   - [ ] 1 Participant elected to cease further participation in one or more of the protocol sub-studies (check all that apply):
     - [ ] Quality of Life [19]
     - [ ] Smoking – Risk Perception [20]
     - [ ] Biomarkers [21]
   - [ ] 2 Participant refuses further active study participation but agrees to limited contact.
     Specify contact interval: [23]
     - [ ] With records collection [28]
     - [ ] Without records collection [29]
   - [ ] 3 Participant refuses further active study participation and contact.
     - [ ] With records collection [28]
     - [ ] Without records collection [29]
   - [ ] 4 Participant explicitly withdraws study consent/authorizations.
     - [ ] With NCHS database search [30]
     - [ ] Without NCHS database search [31]

**Comments:** (120-character limit) [24, 25]

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**Signature of person responsible for data (RA, study staff)** [26]  
**Date:** _____ - _____ - 20_____

**Investigator signature**  
**Date:** _____ - _____ - 20_____