DROPOUT

Clinical Study of IPPB

This form should be completed as soon as possible after a patient is known to have dropped out of the study. It should be repeated at the patient's remaining semiannual visits (6, 12, 18, 24, 30, and 36 months) until the patient's death or until a follow-up examination (Form 716 or 717) has been completed. Form 724 or 770 need not be forwarded for any visits scheduled after this date.

Form [7][2][2][0] 1-4

Date form completed [ ][ ][ ] (Mo Day Yr) 5-10

A. PATIENT IDENTIFICATION

1. Treatment center number [ ] 11
2. Patient number [ ][ ][ ][ ] 12-15
3. Date of birth [ ][ ][ ] (Mo Day Yr) 16-21

B. DATE OF WITHDRAWAL

The date of withdrawal is the date on which the patient informed the clinic of his desire to withdraw (if no contact has been made with the patient or his family, then use the date of the first missed clinic visit).

1. Month number (0-36) [ ][ ] 22-23
2. Date [ ][ ][ ] (Mo Day Yr) 30-35

C. REASONS FOR WITHDRAWAL

Specify the reasons for the patient's lack of participation:

	NO	YES	UNK	
1. Moved to a less convenient location	1	2	3	40
2. Improvement in symptoms	1	2	3	41
3. Lack of interest in the study	1	2	3	42
4. Recommendation of friend or relative	1	2	3	43
5. Recommendation of personal physician	1	2	3	44
6. Illness unrelated to the study	1	2	3	45
7. Side effects of therapy	1	2	3	46
8. Other _____	1	2	3	47

Please describe reason(s):

_____

_____

D. CONTACT WITH THE PATIENT

1. Has the contact been made with the patient?

No [1] 50

In person [2]

By telephone [3]

By letter [4]

2. If NO, what steps are being taken to locate the patient?

_____

_____

E. STATUS OF THE PATIENT SINCE HIS LAST FOLLOW-UP VISIT OR SINCE THIS FORM WAS LAST COMPLETED

	NO	YES	UNK	
1. Has the patient been hospitalized?	1	2	3	51

If YES, specify reason(s), dates and hospital(s), and complete Form 720

_____

_____

_____

_____

2. Has the patient experienced any of the following:

	NO	YES	UNK	
a. Worsening airway obstruction with infection	1	2	3	55
b. Worsening airway obstruction without infection	1	2	3	56
c. Pneumonia	1	2	3	57
d. Acute myocardial infarction	1	2	3	58
e. Left ventricular failure	1	2	3	59
f. Right ventricular failure	1	2	3	60
g. Pneumothorax	1	2	3	61

Patient #_____ Date _____

	NO	YES	UNK	
h. Pulmonary embolism	☐ 1	☐ 2	☐ 3	62
i. Arrhythmia: atrial	☐ 1	☐ 2	☐ 3	63
j. Arrhythmia: ventricular	☐ 1	☐ 2	☐ 3	64
k. Other: _____	☐ 1	☐ 2	☐ 3	65

3. Has there been any significant change in the patient's symptoms?

None	☐ 1	70
Better	☐ 2	
Worse	☐ 3	
Unknown	☐ 4	

	NO	YES	
4. Has the patient used an IPPB machine at home?	☐ 1	☐ 2	71
5. Has the patient used a compressor nebulizer at home?	☐ 1	☐ 2	72

F. Person responsible for the information recorded on this form:

_____ Date _____