

National Lung Screening Trial / Lung Screening Study (NLST/LSS)

NON-RESPONSE FORM (NRF)

ADMINISTRATIVE SECTION

Date Form Completed: Month Day Year

Screening Center ID: |_|_|_|

Screening Center Staff ID: |_|_|_|_|_|

Study Year: T |_|

Date of Last Contact: Month Day Year

Participant ID Label

PARTICIPANT STATUS	CHECK ONLY ONE	COMMENTS
Lost Contact Can't locate – No active contact with participant	_	_____
Refusals Hard refusal – Refuses further participation in NLST; OR Absolute refusal – Participant withdraws consent	_ _	_____ _____
Medical Condition Physical illness or cognitive impairment	_	_____ _____
Deceased Date of death _ _ - _ _ - _ _ _ _ MO DAY YEAR	_	_____ _____
Return to NLST	_	_____ _____