



Veterans Walk for Health

PARTICIPANT DROP OUT/ TERMINATION FORM

Participant Randomization ID: ___ ___ ___ ___ 2

Name of person completing report: _____

Date of Termination ___/___/_____ (mm/dd/yyyy)

Termination (not initiated by participant)

Initiated by: Research Staff MD Other _____

Reason for Termination:

Adverse Event

Other:

Drop Out (initiated by Participant)

Reason for Drop out:

Inconvenient / too much trouble

Unable to make appointments

Illness / adverse event

No reason given

Unable to contact patient

Other _____

Devices returned?	Pedometer	Yes	No	NAP
	Actical	Yes	No	NAP

Adverse Event report and form filed if appropriate?	Yes	No	NAP
---	-----	----	-----