

WITHDRAWAL FORM FOR R34 – Revised 02/08

Complete this form if a family leaves the protocol AT ANY POINT beyond the phone screen.

Reasons for not entering or leaving the study (mark all that apply):

Child's initials

PRE-ENROLLMENT

(Enrollment = when a subject ID is assigned)

- Subject did not show or dropped out before assessment (phone screen only)
- Subject signed consent but did not complete assessment
- After assessment or partial assessment, subject did not meet diagnostic INCLUSION criteria
 - First degree relative did not meet on MINI
 - Child has no diagnosis of BD-NOS, MDD, or Cyclothymia in past 2 years
 - Child does not meet for current symptoms (YMRS score > 11 or CDRS score >29)
- After assessment or partial assessment, subject did not meet diagnostic EXCLUSION criteria
 - Child has diagnosis of BP I or BP II
 - Turns out the child does not fit the age range (younger than 9 or older than 17.11)
 - Child has pervasive developmental disorder, mental retardation, or neurological dysfunction
 - Evidence of active child abuse or domestic violence
 - Child has life-threatening eating disorder that requires inpatient treatment
 - Unremitting psychosis unresponsive to neuroleptics
 - Met DSM-IV criteria for substance abuse disorder or substance dependence disorder in past 4 months
 - Child requires extended inpatient or residential treatment
 - Child expressed homicidal intent
- Child changed mind/refused
- Parent changed mind/refused
- Parent decided to keep current non-study therapist and/or not willing to reduce frequency to 1/month
- Family moved
- Other: _____

POST-ENROLLMENT

(For any post-enrollment withdrawal, indicate the subject ID and last visit completed below.)

- Post-enrollment: Parent changed mind/refused
- Post-enrollment: Child changed mind/refused
- Post-enrollment: Unable to contact/lost to follow-up
- Post-enrollment: Family moved
- Post-enrollment: Parent/child sought primary treatment elsewhere
- Post-enrollment: Other: _____

POST-ENROLLMENT, LEAVING TREATMENT PROTOCOL

- Dropped treatment but continues with follow-up

LAST ASSESSMENT VISIT COMPLETED, IF APPLICABLE

- Initial
 - 4 month
 - 8 month
 - 12 month
- Date of last assessment visit completed: / /

ID (If no ID assigned, leave blank.)

DATE / /

CIRCLE WHICH SITE:

Colorado

Stanford