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

ID  (If no ID assigned, leave blank.)  DATE  /  /  

CIRCLE WHICH SITE:  Colorado  Stanford