

# Conclusion of Study Participation

Mark as Complete



1 of 4 completed

Assessment Date

10/26/2020



1. Date of conclusion of participation:



mm/dd/yyyy



2. Please select a reason for conclusion of study participation:



Other



If other, please specify:



Input text

3. Did increasing PD disability contribute to the decision to withdraw from PPMI 2?



No

Yes



Visit Status

Screen Fail (As Needed)

