C_missed_visit_rsn (handwritten)

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
REASONS PATIENTS MISSED VISITS FORM # 139

This form is to be completed on request at times of major data analyses. If you are aware that any of your patients have gone on dialysis, transplanted or died, please enter a Renal Failure Form 128 or a Death Form 148.

1. Identification Number...	2. Name Code...	3. Date: mm/dd/yyyy...

4. What was the date that an AASK Team member most recently saw or spoke to this patient? .... __ __/__ __/__ __ __ __   *last_dt* (handwritten)

5. What is the main reason this patient has missed recent visits? (Use codes 2-30 below) .... __ __   *miss_rsn* (handwritten)

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     2 = The patient forgot
     3 = Could not get off work
     4 = Dependent care problem
     5 = Transportation problem
     6 = Too sick to come in
     7 = In the hospital
     9 = Refused; unhappy with frequency of visits
     10 = Refused; other reason
     11 = Refused; reason unknown
     12 = Scheduling conflict w/staff
     13 = Other
     14 = In jail or prison
     15 = Patient moved away (and we know where the patient currently resides)
     16 = Patient moved away and we don't know where the patient is
     17 = Patient has not moved, but the AASK team has not been able to contact the patient
     20 = Refused; the patient is currently overwhelmed with personal problems
     21 = Refused; does not like being part of a "research" study. Patient feels like a guinea pig
     28 = Lives somewhat far away and we have been trying to do home visits and it is not
            working out.
     29 = This patient did not consent to any follow-up
     30 = Refused; does not like the AASK Clinical Center

6. How often are you making efforts to contact the patient? ....   *Contact* (handwritten) __
   (0 = never, 1 = approximately once a week, 2 = approximately once a month,
   3 = approximately every few months, 4 = approximately once a year,
   5 = we will contact the patient one more time at the end of the study)

7. a. Why is the patient missing visits? Please write and key enter a text explanation. Use the back of the page if necessary-you will be able to enter as much text as you wish. Also, please write (and key enter) a brief text explanation of the team plan to get the patient back for visits, or blood pressure measures.

miss_text

_____

_____

_____

b. Additional information for the Data Safety Monitoring Board? Please write and key enter any additional information (lab values, blood pressures, etc.) that were completed on non-AASK study forms that you would like the DSMB to be aware of.

_____

dsmb_text

_____

_____

8. What does your team think about the prospect of getting this patient back following the protocol visit/blood pressure measurement requirements? . . . . __ *pt_return*
    0 = Not applicable
    1 = We will probably be able to get this patient to come in following the protocol
    2 = We will probably be able to get this patient to come in at least every six months
    3 = We will probably be able to get this patient to come in at least one more time
    4 = We will probably never see this patient again

9. What does your team think we will know about this patient's renal function at the end of AASK study? . . . . __ *pt_renal*
    1 = We will probably be able to get this patient to come in following the protocol
    2 = We will probably only be able to get a 24-hour urine and serum samples
        so we can calculate creatinine clearance using AASK Central Lab data
    3 = We will probably only be able to get a serum sample so we can get an
        AASK Central Lab measure of serum creatinine
    4 = We will probably only be able to get lab measures from a different lab
    5 = We will probably only know whether the patient is on dialysis or not
    6 = We will probably only know whether the patient is dead or alive
    7 = We will need assistance in determining whether the patient is dead or alive

10. What is the death/dialysis status as of this week (the week this form was completed)? . . __ *pt_stat*
    1 = deceased (Enter Form 148)
    2 = alive and on dialysis or has received a transplant (Enter Form 128)
    3 = alive, but dialysis status unknown
    4 = we don't know whether the patient is alive or on dialysis
    5 = alive, but not on dialysis

200. Date this form completed (mm/dd/yyyy) . . . . __ __/__ __/__ __ __ __ *Compl_dt*
201. Certification ID of person completing this form . . . . __ __ __ __ __ __ __ __ *compl_by*

For Clinical Center Use Only
Certification ID of person entering this form: __ __ __ __ __ __ __ __
Date Entered: __ __/__ __/__ __ __ __