

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
POST CLOSE OUT FORM # 199**

This form is completed for **only** those participants where Form 198 (Close Out Form) documents that the participant has not seen their personal care physician or a Nephrologist in the past year. This form can be completed in person or by telephone. **This form must be entered by August 31, 2007.**

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

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4. Visit Date: mm/dd/yyyy...

5. a. Has the participant been seen by his/her personal care physician? (0=no, 1=yes)..... ____
- b. If no, what was the reason?..... ____
- 1 = appointment not scheduled
 - 2 = appointment scheduled but participant could not attend
 - 3 = refused
 - 4 = participant lost to follow up
 - 5 = other

200. Date this form completed (mm/dd/yyyy)..... ____ / ____ / ____

201. Certification ID of person completing this form..... _____

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____ / ____ / ____