



Missed Visit Form

CRISP -FORM # 24

Missing Codes:
A-Participant refused
B-Reading not possible
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed if, despite the best efforts of CRISP personnel, a follow-up clinic visit or telephone interview cannot be completed within the time window specified by the appointment schedule.

- 1. Date of scheduled follow-up visit or telephone interview: _____ / _____ / _____ **DSVDATE**
Month Day Year
- 2. Date of last contact with participant or family member: _____ / _____ / _____ **DLCDATE**
Month Day Year
- 3. Are the reasons for the participant's missed follow-up visit known? (circle one): **RKYN** yes no

If yes, then please complete items 4-9.

- 4. There were scheduling difficulties, personal or job related (circle one): **SDPYN** yes no
 - 5. There were scheduling difficulties within the clinic (circle one): **SDCYN** yes no
 - 6. The participant refused (circle one): **PRYN** yes no
 - 7. The participant had transportation problems (circle one): **TPYN** yes no
 - 8. The participant was ill or incapacitated (circle one): **I IYN** yes no
 - 9. Other (please specify briefly): **OTHER** _____ **OTHERYN** yes no

 - 10. Is it likely the participant will return for the next scheduled annual clinic visit? **RVYN** yes no
- If no, please explain: **NORTURN** _____

CRISP Member completing this form **CMIDNUM** _____ Date form completed _____ / _____ / _____ **CDDATE**
Month Day Year

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Data Entry Person **DEIDNUM** _____ Date Form Entered: _____ / _____ / _____ **DEDATE**
Month Day Year