



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ pkdid

Clinical Center: _____ pccn

visit:

Missed Visit Form

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: <i>dsvdate</i>			/			/			
2. Was the participant or family member contacted for this visit? <i>parcont</i> 0 <input type="checkbox"/> No 1 <input type="checkbox"/> <i>If no, enter reason and STOP</i> _____ <i>reas</i>									
<i>If yes, enter Date of last contact and go to #3</i>									
<i>dlcdate</i>									
3. Are the reasons for the participant's missed follow-up visit known? <i>rkyn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
<i>If yes, then please complete items 5-11</i>							STOP		
4. There were scheduling difficulties, personal or job related: <i>sdpyn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
6. There were scheduling difficulties within the clinic: <i>sdcyn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
6. The participant refused: <i>pryn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
7. The participant had transportation problems: <i>typn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
8. The participant was ill or incapacitated: <i>iiyn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
9. Other <i>other</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
Please specify briefly: <i>otheryn</i> _____									
10. Is it likely the participant will return for the next scheduled annual clinic visit? <i>rvyn</i>							0 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes
<i>If no, please explain:</i> <i>norturn</i> _____									
PI Signature: _____ <i>pinum</i>					Date Signed: ____/____/____ <i>pidate</i>				

CRISP Member completing this form _____ *cdidnum*

Date Form Completed ____/____/____ *cddate*

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

Primary Entered by: _____ Date: ____/____/____ *dedate*
deidnum

Secondary Entered by: _____ Date ____/____/____