CRISP III

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:

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

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

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 __ __/__ __/__ __ __ __