

Diabetes Prevention Program
MISSED FOLLOW-UP VISIT REPORT

DPP FORM F04.1
 November, 1999
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This form is completed anytime a participant misses either a standard or major scheduled follow-up visit. Form F04 records the date and reason for the missed visit.

A. Participant Identification

1. Clinic number

 CLINIC

2. Participant number

 PATID

3. Participant's initials

 INITS
 first last

4. Participant's date of birth

 DOB
 month day year

B. Visit Information

1. Date follow-up visit was scheduled

 JMVSTDT
 month day year

2. Week of visit missed

 JMVSTWK

3. Type of visit missed

 Standard follow-up ¹ JMVSTTY
 Major follow-up ²

4. Outcome visit

 VISIT

5. End of Study

 Yes ¹ JMEOS
 No ²

6. Has there been any contact with the participant concerning the missed visit?

 YES ¹ NO ² JMCONT

If YES,

a. In the coordinator's opinion, what was the primary reason for the missed visit?

 Illness, surgery, or hospitalization ¹

If so, an Adverse Event Report (Form E01) MUST be completed.

 Moved to a less convenient location ²

JMRSN

 General decline in motivation ³

 Conflicting responsibilities (job, birthday, family) ⁴

 Other (specify below) ⁵

Other Specified: _____

7. Is the participant considered on inactive follow-up status? (i.e., scheduled follow-up protocol suspended)

 YES ¹ NO ² JMINACT

Initials of person completing form

 first last

Form entered in computer?