

Participant ID

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Nickname

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Outcome visit

01M	01A	02M	02A	03M	03A	04M	04A	05M	05A	06M	06A
07M	07A	08M	08A	09M	09A	10M	10A	11M	11A		

Diabetes Prevention Program Outcomes Study

**F04 MISSED VISIT REPORT**

This form is completed anytime a participant misses a scheduled mid-year or annual visit. Form F04 records the date and reason for the missed visit.

**Part I / IDENTIFICATION**

A. Participant Identification

1. Clinic number

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2. Participant number

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3. Nickname

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4. Date of randomization

month	day	year			

5. Sex

Male  <sup>1</sup>      Female  <sup>2</sup>

6. Outcome visit

01M	01A	02M	02A	03M	03A	04M	04A	05M	05A	06M	06A
07M	07A	08M	08A	09M	09A	10M	10A	11M	11A		

VISIT

7. Target date

month	day	year			

JMVSTDT  
replaced with  
DAYSRAND

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

Yes  <sup>1</sup>      No  <sup>2</sup>

JMCONT

If YES,

a. What was the primary reason for the missed visit?

CHECK ONLY ONE

Serious Adverse Event or CVD event.....  <sup>1</sup>

JMRSN

If SAE or CVD event, an E08 Event Report MUST be completed.

Other illness.....  <sup>2</sup>

Moved to a less convenient location.....  <sup>3</sup>

General decline in motivation .....  <sup>4</sup>

Conflicting responsibilities (job, birthday, family).....  <sup>5</sup>

Other .....  <sup>6</sup>

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

Yes  <sup>1</sup>      No  <sup>2</sup>

JMINACT

Identification code of person reviewing completed form

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FORMIN

Form entered in computer?