

Participant ID

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Nickname

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Outcome visit

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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. The F04 does not need to be completed after the participant has missed two consecutive visits and is considered inactive.

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 ¹ Female ²

6. Outcome visit

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VISIT

7. Date of report

month	day	year					

JMRPTDT
replaced with
DAYSRAND

JMFORMIN

Identification code of person reviewing completed form

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Form entered in computer?

Participant ID

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Nickname

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Outcome visit

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B. Missed Visit Information

1. Has there been any contact with the participant concerning the missed visit? Yes 1 No 2 **JMCONT**

If YES,

- a. Indicate all reasons for the missed visit:

Mark an 'X' in the primary reason column to indicate the main reason for the missed visit.

	CHECK ALL THAT APPLY		Primary reason: CHECK ONLY ONE	
1. Serious Adverse Event or CVD event.....	<input type="checkbox"/> 1	JMSAE	<input type="checkbox"/> 1	JMRSN
If SAE or CVD event, an E08 Event Report MUST be completed.				
2. Other personal illness.....	<input type="checkbox"/> 1	JMILL	<input type="checkbox"/> 2	
3. Moved to a less convenient location.....	<input type="checkbox"/> 1	JMLOC	<input type="checkbox"/> 3	
4. General decline in motivation	<input type="checkbox"/> 1	JMDEMOT	<input type="checkbox"/> 4	
5. Other	<input type="checkbox"/> 1	JMRSNOTH	<input type="checkbox"/> 6	
6. Discomfort or conflict with study staff.....	<input type="checkbox"/> 1	JMSTAFF	<input type="checkbox"/> 7	
7. Study burden.....	<input type="checkbox"/> 1	JMBURD	<input type="checkbox"/> 8	
8. Lack of support from family and friends.....	<input type="checkbox"/> 1	JMSUPPORT	<input type="checkbox"/> 9	
9. Family medical issues	<input type="checkbox"/> 1	JMFAM	<input type="checkbox"/> 10	
10. Lack of convenient transportation	<input type="checkbox"/> 1	JMTRANS	<input type="checkbox"/> 11	
11. Scheduling conflicts (e.g., work).....	<input type="checkbox"/> 1	JMSCHED	<input type="checkbox"/> 12	

- i. If OTHER (question 1.a.5), specify:

2. Is the participant considered on inactive follow-up status (i.e., scheduled follow-up protocol suspended)? Yes 1 No 2 **JMINACT**