

Diabetes Prevention Program
MISSED FOLLOW-UP VISIT REPORT

DPP FORM F04.1
 November, 1999
 Page 1 of 1

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
 replaced with
 DAYSRAND
 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 NO
 ¹ ² JMCONT

If YES,

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

Illness, surgery, or hospitalization ¹ JMRSN

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

Moved to a less convenient location ²

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 NO
 ¹ ² JMINACT

Initials of person completing form

first last

Form entered in computer?