

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Notification of Missed Clinic Visit or Modification of Follow-up Schedule

This form is to be completed whenever a patient fails to keep an annual visit or a quarterly telephone interview within the "time window" allowed or fails to undergo any scheduled procedure. The original of this form is to be sent to the Data Coordinating Center in the monthly forms mailing. Retain a copy in the clinic files.

A. IDENTIFYING INFORMATION

2. CLINIC 1. Clinic Number

3. PATIENT 2. Patient ID Number

4. INITIALS 3. Patient's Initials

5. FORM DATE 4. Date form completed

Month Day Year

B. VISIT INFORMATION

6. NA TARGET 1. Target date for missed visit

Month Day Year

7. NA INTERM 2. If the missed appointment was a quarterly telephone interview, check here:

( 1 )

8. EDIC YEAR Otherwise, indicate which EDIC visit this was to be:

3. Indicate which (if any) of the following procedures were to have been completed at this visit but were not completed. (CHECK ALL THAT APPLY).

9. NAM HPE Medical History and Physical Examination (002) ( 1 )

10. NAQ TI Quarterly Telephone Interview (003) ( 1 )

11. NAOEVA Ophthalmic Examination and Visual Acuity (030) ( 1 )

- Michigan Neuropathy Screening Instrument
- 12. NAM NSI and 10 gm Filament (050) (new) ( 1 )
- 13. NAQ LIFE Quality of Life Questionnaire (060) ( 1 )
- 14. NAHSQ Health Status Questionnaire (061) (new) ( 1 )
- 15. NAHCARE Health Care Delivery Questionnaire (070) (new) ( 1 )
- 16. NAHFOODF Harvard Food Frequency Recall Questionnaire (new) (080) ( 1 )
- 17. NAEKG Resting Electrocardiogram Mailing List (103) ( 1 )
- 18. NACAROU Carotid Artery Ultrasound Mailing List (104) (new) ( 1 )
- 19. NALIPID Lipid, Serum Creatinine, and Saved Specimen Mailing List (105) ( 1 )
- 20. NARENAL Renal Specimen Mailing List and Renal GFR Worksheet (106): 4-Hour Renal ( 1 )
- 21. NAGFR GFR (new) ( 1 )
- 22. NAFUNDPHFundus Photograph Mailing List (107) ( 1 )
- 23. NAHBATIC Hemoglobin A1c Specimen Mailing List (108) ( 1 )
- 24. NAOOTHER Other; specify: \_\_\_\_\_ ( 1 )

Patient ID \_\_\_\_\_

4. Has the patient been in contact with or  
been contacted by the EDIC clinic  
concerning his/her missed visit?      No    Yes  
25. NA CONTACT      ( 1)   ( 2)

If YES, in your opinion, what is the main  
reason for the missed visit? (CHECK ONLY ONE)

26. NA REASON

Patient refuses to undergo these examinations but is willing to undergo others	( 1)
Moved to a less convenient location	( 2)
Illness/surgery/hospitalization (IF SO, YOU MAY ALSO NEED TO COMPLETE A VERIFICATION FORM)	( 3)
General decline in motivation	( 4)
Conflicting responsibilities (job, birthday, family)	( 5)
Scheduling error	( 6)
Financial constraints	( 7)
Other; specify: _____	( 8)

\_\_\_\_\_

5. Will any of the missed  
procedures be completed  
at a later date?      No    Yes    Uncertain  
27. NAMISSED      ( 1)   ( 2)   ( 3)

If YES, specify which ones and when: \_\_\_\_\_

\_\_\_\_\_

Signature of Study Coordinator:

\_\_\_\_\_

Certification  
Number (if any)

28. CERTIF

29. WEEK NO