

**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 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**

- 1. Clinic Number \_\_\_\_\_
- 2. Patient ID Number \_\_\_\_\_
- 3. Patient's Initials \_\_\_\_\_
- 4. Date form completed \_\_\_\_\_  
Month Day Year

**B. VISIT INFORMATION**

- 1. Target date for missed visit \_\_\_\_\_  
Month Day Year
- 2. 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).  
  

Medical History and Physical Examination (002)	( 1)
Ophthalmic Examination and Visual Acuity (030)	( 1)
Michigan Neuropathy Screening Instrument and 10 gm Filament (050)	( 1)

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|--|------|
| Quality of Life Questionnaire (060)                            | ( 1) |
| Health Status Questionnaire (061)                              | ( 1) |
| Health Care Delivery Questionnaire (070)                       | ( 1) |
| Harvard Food Frequency Recall Questionnaire (080)              | ( 1) |
| Resting Electrocardiogram Mailing List (103)                   | ( 1) |
| Carotid Artery Ultrasound Mailing List (104)                   | ( 1) |
| Lipid, Serum Creatinine, and Saved Specimen Mailing List (105) | ( 1) |
| Renal Specimen Mailing List and GFR Worksheet (106):           |      |
| 4-Hour Renal   | ( 1) |
| GFR  | ( 1) |
| Fundus Photograph Mailing List (107)                           | ( 1) |
| Hemoglobin A1c Specimen Mailing List (108)                     | ( 1) |
| Other; specify: _____  | ( 1) |
| _____  |      |
| _____  |      |

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

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

- 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)
- Pregnancy ( 8)
- Lactating ( 9)
- Other; specify: \_\_\_\_\_ ( 10)
- \_\_\_\_\_

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

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

\_\_\_\_\_

Signature of Study Coordinator: \_\_\_\_\_      Certification  
Number (if any)  
\_\_\_\_\_