

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)
- Current Medications (004) (1)
- Ophthalmic Examination and Visual Acuity (030) (1)
- National Eye Institute Visual Functioning Questionnaire (033) (1)
- Michigan Neuropathy Screening Instrument and 10 gm Filament (050) (1)
- Neurological History and Examination (051) (1)

- Nerve Conduction Studies (052) (1)
- Vibration Perception Threshold (054) (1)
- ANS Testing Eligibility (055) (1)
- Autonomic Symptom Profile (057) (1)
- Neuropathy Specific Quality of Life Questionnaire (058) (1)
- Quality of Life Questionnaire (060) (1)
- Health Status Questionnaire (061) (1)
- Quality of Well-Being Scale, QWB-SA (062) (1)
- Health Care Delivery Questionnaire (070) (1)
- Resting Electrocardiogram Mailing List (103) (1)
- Carotid Artery Ultrasound Mailing List (104) (1)
- Lipid, Serum Creatinine, and Saved Specimen Mailing List (105) (1)
- Fundus Photograph Mailing List (107) (1)
- Hemoglobin Alc Specimen Mailing List (108) (1)
- Harvard Food Frequency Recall Questionnaire Mailing List (109) (1)
- HbA1c Quality Control Mailing List (110) (1)
- Renal Quality Control Mailing List (111) (1)

- GFR Quality Control Mailing List (112) (1)
- Lipid quality Control Mailing List (113) (1)
- Lipoprotein Ancillary Study Specimen Mailing List (114) (1)
- Renal Studies Specimen Mailing List (115) (1)
- Serum Cystatin C (118) (1)
- Neurobehavioral Assessment Mailing List (119) (1)
- Notification of Update to Personal Locator Form (143) (1)
- Urological Complications Questionnaire for Women (160) (1)
- Urological Complications Questionnaire for Men (161) (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)