



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic*

visit:

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

MISSED VISIT FORM

Form # 25

This form is to be completed by designated personnel whenever a visit is not completed for any reason.

1. Visit Target Date: [Month] [vtrm] / [Day] [vtd] / [Year] [vty]
2. Last Date of Acceptable Range for This Visit: [Month] [lvtrm] / [Day] [lvtd] / [Year] [lvty]
3. Reason the visit was missed (Check all that apply):
- Participant did not arrive for the visit (not otherwise specified) mvshw
- Participant failed to respond to coordinator's attempts (>=3) to contact mvrsp
- Inclement weather mvwth
- Problems with travel arrangements (specify) mvtrf / mvtrlc
- Participant was hospitalized unexpectedly (specify) mvhsp / mvhspc
- Participant was too ill to complete the visit (specify) mvill / mvillc
- Participant rescheduled due to: mvrscd
 - Scheduling conflicts (not otherwise specified) mvcnf
 - Elective surgery mvsg
 - Holidays mvhld
 - Depression/Mood/Psychiatric problems mvdpr
 - Other (specify) mvroth / mvrothc
- Participant misunderstood date/time of scheduled visit mvdatt
- Participant refused this visit (reason if known) mvrf / mvrfsc
- Institutional error (specify) mvrr / mvrrc
- Other (specify) mvoth / mvothc
- Unknown mvukwn
4. Comments/Communications/Plans for future visits (optional): mvcmnt

HALT PKD staff member completing this form: _____ Date: ____/____/____
cmidnum Month cdm Day cdd Year cdy

Data Entry Status: Please check to indicate that the above information has been entered []

Primary Entered by: _____ Date: ____/____/____
deidnum Month Day Year dem / ded / dey