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* **Date of Visit:** ____ / ____ / _____
month *dvm* day *dvd* year *dvy*

visit: ___**Form was not completed** *misfm*

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

Quest Visit Form   Form # 90

This form is to be completed by designated personnel whenever a Quest visit occurs. Quest visits (at month 18 or after) are to be conducted by phone within +3 months of the target visit date. Quest visits are a last resort reserved for times when a routine clinic visit would be an undue burden on the participant. For any participant, no more than one Quest visit will be allowed within a twelve month period. Note: Quest visits must not be used due to PCC issues such as study coordinator unavailability/turn over, or budgetary concerns of the PCC.

1. **Visit Target Date:** ☐☐ / ☐☐ / ☐☐☐☐
   Month *vtm*   Day *vtd*   Year *vty*

2. **Last Date of Acceptable Range for This Visit:** ☐☐ / ☐☐ / ☐☐☐☐
   Month *lvtm*   Day *lvtd*   Year *lvty*

3. **Reason(s) why a Quest visit was required** (Check all that apply)**:**

   ☐ **Participant refused to come to the PCC** (reason not otherwise specified) *qvrefs*

   ☐ **Inclement weather** *qvwth*

   ☐ **Problems with travel arrangements** (specify) *qvtrl qvtrlc*_____

   ☐ **Participant was hospitalized unexpectedly** (specify) *qvhsp qvhspc*_____

   ☐ **Participant was too ill to complete PCC visit** (specify) *qvill qvillc*_____

   ☐ **Scheduling conflicts** (not otherwise specified) *qvcnf qvcnfc*_____

   ☐ **Elective surgery** *qvsgr*

   ☐ **Work related issues** *qvwork*

   ☐ **Holiday/Vacation related issues** *qvhld*

   ☐ **Family related issues** *qvfamly*

   ☐ **Participant is under financial strain** *qvfinstr*

   ☐ **Depression/Mood/Psychiatric problems** *qvdpr*

   ☐ **Institutional error** (specify) *qverr qverrc* _____

   ☐ **Other** (specify) *qvoth qvothc*_____

4. **Comments/Communications/Plans for future visits** (optional)**:** *qvcmt*

   _____
   _____
   _____
   _____

****

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   *dem* Month *ded* Day *dey* Year

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __