

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

For office use only.

Patient ID _____ - _____ - _____
ID

LABS-3 Psychosocial Off-Protocol Form (OFF3) – Version 10/21/2014 FORMV

Form Completion Date __/__/20__
mm dd yy **OFF3DAT**

Certification number: **CERT**

Visit: _____ **VISIT**

1. Was the entire call or visit missed?

0. No

∨

1. Yes

∨

VISMIS3

*Skip to
Question 2*

REAMISS3

1.1 Reason for **missed call or visit (check only one)**

- 1. Participant out of town
- 2. Participant could not be located or reached
- 3. Participant could not be scheduled due to other commitments
- 4. Participant too ill
- 5. Hospitalization
- 6. Refused
- 7. Other (Specify: _____ **REAMISSO**)
- 8. Participant contacted but didn't return the consent form prior to window close.

2. Indicate type of off-protocol event (*check "no" or "yes" for each*)

No

Yes

MISFOR3

2.1 Missing Assessments

2.1.1 Missing Assessment (*check "no" or "yes" for each*):

No

Yes

SELFAF3

Self-Assessment forms

If yes, check "no" or "yes" for each

No

Yes

IWQOL3

IWQOL-Lite

PETSB3

PETSB/M/F

MED3

MED

CTQ3

CTQ

WGTA3

WGT

DIF3

DIF

BDI3

BDI

SF363

SF36

AUDIT3

AUDIT

ISEL3

ISEL

SFF3

SFF

WPAI3

WPAI

No

Yes

CLINAF3

Clinician-Assessment forms

If yes, check "no" or "yes" for each

No

Yes

SCID3

SCID/IP

EDE3

EDE-BSV

MFED3

M-FEDB/F

ICD3

ICD-3

SHORT3

SHORT

WGT3CA3

WGT3

No

Yes

SUPP84

84-month supplemental forms

If yes, check "no" or "yes" for each

No

Yes

DERS

DERS

AIM

AIM

UPP

UPP

ATQ

ATQ

SPSRQ

SPSRQ

2.1.1 Missing Assessments continued (*check "no" or "yes" for each*):

No	Yes	ONLINE3	No	Yes	NDS3
<input type="checkbox"/>	<input type="checkbox"/>	On-line computer assessment	<input type="checkbox"/>	<input type="checkbox"/>	NDS

If yes, check "no" or "yes" for each

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Go/No-Go task
<input type="checkbox"/>	<input type="checkbox"/>	Delay Discounting Task

ONLINEG	<input type="checkbox"/>	
ONLINED	<input type="checkbox"/>	

NDS3DM	Number of days Missed: _____
NDS3DC	Number of days Collected: _____

2.1.2 Reason(s) for missing assessment (*check "no" or "yes" for each*)

	No	Yes	
MISSPUUC	<input type="checkbox"/>	<input type="checkbox"/>	Participant unable/unwilling to complete or schedule assessments.
MISSCPSA	<input type="checkbox"/>	<input type="checkbox"/>	Unable to contact participant to schedule assessment.
MISSPPRA	<input type="checkbox"/>	<input type="checkbox"/>	Participant did not return participant rated (self)assessments
MISSAIDH	<input type="checkbox"/>	<input type="checkbox"/>	Assessment(s) incomplete due to hospitalization
MISSCOPW	<input type="checkbox"/>	<input type="checkbox"/>	Assessment(s) completed outside the protocol window
MISSCA	<input type="checkbox"/>	<input type="checkbox"/>	Participant unable or unwilling to complete on-line computer assessment
MISOTH3	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: _____ MISOTHS3 _____)

No Yes **OTHOFF3**
 2.2 Other (Specify: _____ **OTHOFFO** _____)