

**Modification of Diet in Renal Disease Study  
REASON FOR MULTIPLE MISSED FOLLOW-UP VISITS FORM**

This form is to be completed if despite all efforts, a patient has missed four or more consecutive follow-up visits. Generally, this only needs to be completed once.

There are two instances when Form 14 should be completed more than one time for a patient.

- a.) If new information becomes available. This may happen through continued efforts to have the patient attend a visit.
  
- b.) If the string of 4 or more missed visits is broken (by the patient attending one or more visits) and then another 4 or more consecutive visits are missed.

For each reason, items 6-15 enter a 1 if the statement is true or a 2 if it does not apply to this patient.

For DCC Use Only  
Rev. 2 10/15/88

E \_\_\_  
V \_\_\_  
T \_\_\_



**Modification of Diet in Renal Disease Study  
Reason for Multiple Missed Follow-Up Visits Form**

Once a patient has been randomized, he or she becomes part of the follow-up group for the MDRD Study and should adhere to his or her follow-up visits and procedures, whether or not he or she is complying to a diet. If, despite the best efforts of the MDRD team, a patient misses four or more consecutive follow-up visits, this form should be filed to explain what has happened. The patient should still be encouraged to come to his or her annual visits.

FORM # ..... 14

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center .....
- 4. a. Date of Last Follow-Up Visit Held..... / /
- b. Visit Type.....
- c. Visit Number.....

**Reasons for Missed Follow-Up Visits**  
(For the following, enter 1 = yes, 2 = no)

- 5. Are the reasons for the patient missing his or her follow-up visits known? (1 = yes, 2 = no).....  
If no, skip to Item 101.
- 6. The patient has moved to a location which is not near an MDRD Clinical Center (Remember to get new address).....
- 7. The patient's physician has asked him or her to withdraw from the study .....
- 8. The patient is unwilling to have additional GFR measurements.....
- 9. The patient is unhappy with the frequency of the follow-up visits.....
- 10. The patient is discouraged in trying to comply to his or her randomized diet assignment .....
- 11. The patient thinks his or her randomized diet assignment is not good for his or her health.....
- 12. The patient has a new job or a new situation at work which makes participation burdensome .....
- 13. The patient is discouraged in trying to comply to his or her blood pressure control regimen .....
- 14. The patient is having problems with the combination of diet and blood pressure control .....
- 15. Other (.....)

**Modification of Diet in Renal Disease Study  
Reason For Multiple Missed Follow-Up Visits Form**

16. Please explain the reasons further in the spaces below. 50 characters will be entered into the database.

---

---

---

101. Date this form completed..... \_ \_ / \_ \_ / \_ \_

102. Certification number of person filling out this form .....

103. Date form entered..... \_ \_ / \_ \_ / \_ \_

104. Certification number of data entry person .....

---

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center  
Department of Biostatistics & Epidemiology  
The Cleveland Clinic Foundation  
9500 Euclid Avenue  
Cleveland, Ohio 44195-5196

---