

Missed Visit

[Study Name/ID pre-filled]

Site Name: _____

Date Form Completed: ___/___/___ (mm/dd/yyyy)

Subject ID: _____

Visit: [pre-populated by database]

1. Reason for missing visit (check all that apply):

- Hospital admission
- Child illness
- Caregiver illness
- No transportation
- Family issues (i.e., moving, school starting, etc)
- Other, specify _____

Notes:

Missing Value Codes:

A = Lab or equipment failure
M = Ran out of time
N = No data
X = Unknown
E = Examiner error

O = Obsolete CRF
D = Not applicable
P = Unable to test due to permanent disability
T = Unable to test due to temporary condition
S = Scheduling problem

GENERAL INSTRUCTIONS

This form contains data elements that are collected when a patient misses a scheduled visit and a phone call is placed to find out the reason for the missed visit.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

- **Missing Value Codes** – Please use these codes for all questions where a value is requested but no value is available. The purpose of these codes is to prevent any blanks on the CRF.