

**MISSED VISIT FORM (MV)
(PROGRESS TO NEXT STUDY VISIT)**

**Chronic Kidney Disease in Children (CKiD)
SECTION A: GENERAL INFORMATION**

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|_| - |_| - |_|_|

A2. MISSED VISIT #

__ __ __

A3. FORM VERSION:

1 2 / 0 1 / 2 1

A4. VISIT # FOR LAST VISIT COMPLETED:

__ __ __

A5. DATE FORM COMPLETED:

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

A6. FORM COMPLETED BY (INITIALS):

__ __ __

A7. Protocol type:

Regular Study Visit..... 0
Post-Dialysis Visit..... 1 **(Skip to B1)**
Post-Transplant Visit..... 2 **(Skip to B1)**

A8. Is this study visit an irregular (accelerated) visit?

Yes..... 1
No..... 2

SECTION B

B1. Type of visit(s) that were missed:

Yes No

- a. CKiD core visits..... 1 2
- b. Sub-study: CKiD Carotid IMT..... 1 2

B2. Strategies employed to contact participant (**Circle "Yes", "No", or "NA" for each**)
(**at least three (3) calls to home is recommended**):

Yes No N/A

- a. Telephone call(s) to participant's home..... 1 2 **(b)** 3 **(b)** i. # calls |_|_|
- b. Telephone call(s) to parents/legal guardians' place of work..... 1 2 **(c)** 3 **(c)** i. # calls |_|_|
- c. Letter/postcard(s) sent to participant..... 1 2 **(d)** 3 **(d)** i. # sent |_|_|
- d. Telephone call(s) to contact individual(s) listed on Contact Information Form..... 1 2 **(e)** 3 **(e)** i. # calls |_|_|

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C3. Reason(s) for missed visit/appointment(s) (Circle “Yes” or “No” for each):

	<u>Yes</u>	<u>No</u>
a. Unknown.....	1	2
	(END)	
b. Unable to contact participant.....	1	2
c. No show for multiple appointments.....	1	2
d. Illness of participant.....	1	2
e. Hospitalized.....	1	2
f. Moved/relocated.....	1	2
g. Conflict with other studies and/or study visits.....	1	2
h. Family/home problems.....	1	2
i. Illness of family member.....	1	2
j. Transportation problems.....	1	2
k. Too much time required for study visit.....	1	2
l. Weather.....	1	2
m. Fear of study procedures.....	1	2
n. Worries about confidentiality.....	1	2
o. Other.....	1	2 (Skip to p)

Specify other reason(s):

p. Does not wish to participate at this time..... 1 2 **(Skip to q)**

Please specify why the participant did not want to come to this current appointment.

q. Does the participant want to remain in the study 1 2
(COMPLETE TRS03 FORM)