

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

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**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:
- |                                     | <u>Yes</u> | <u>No</u> |
|-------------------------------------|------------|-----------|
| 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):**
- |  | <u>Yes</u> | <u>No</u> | <u>N/A</u> |                 |
|--|------------|-----------|------------|-----------------|
| a. Telephone call(s) to participant’s home.....  | 1          | 2 (b)     | 3 (b)      | i. # calls  _ _ |
| b. Telephone call(s) to parents/legal guardians’<br>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)<br>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
	<b>(END)</b>	
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 <b>(Skip to p)</b>

Specify other reason(s):

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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.

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