

**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: 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):

- |  | <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)**