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						
		I_	_ -	-			
A2.	MIS	SED VISIT #					
A3.	FOR	M VERSION:	<u>1</u> 2	/ <u>0</u>	_1/	2 1	
A4.	VISI	T # FOR LAST VISIT COMPLETED: _					
A5.	DAT	E FORM COMPLETED:	//	D D	YYY	Y Y	
A6.	FOR	M COMPLETED BY (INITIALS):		_			
A7.	Prot	Р	ost-Dial	lysis Vis	isit it Visit	1 (Skip	o to B1)
				•			
A8.	Is th	is study visit an irregular (accelerated) visit				1 2	
A8.	Is th	is study visit an irregular (accelerated) visit SECTION B	No				
A8. B1.			No				
		SECTION B	No)			
	Туре	e of visit(s) that were missed: CKiD core visits	Yes	<u>No</u>			
	Type a. b.	SECTION B e of visit(s) that were missed: CKiD core visits Sub-study: CKiD Carotid IMT	Yes 1 1 4 Yes", "	No 2 2		2	
B1.	Type a. b.	SECTION B e of visit(s) that were missed: CKiD core visits	Yes 1 1 "Yes", "	No 2 2 2 No", or	"NA" for	2	
B1.	Type a. b.	SECTION Be of visit(s) that were missed: CKiD core visits	Yes 1 1 4Yes", " 4): Yes	No 2 2 No", or	" NA " for	each)	
B1.	Type a. b.	SECTION Be of visit(s) that were missed: CKiD core visits	Yes 1 1 4Yes", " 4): Yes	No 2 2 2 No", or	"NA" for	2	
B1.	Type a. b. Strat (at le	SECTION Be of visit(s) that were missed: CKiD core visits	Yes 1 1 4Yes", " 4): Yes	No 2 2 No", or	" NA " for	each)	
B1.	Type a. b. Strat (at le	SECTION Be of visit(s) that were missed: CKiD core visits	Yes 1 1 'Yes", " 1!): Yes 1	No 2 2 No", or No 2 (b)	"NA" for N/A 3 (b)	each) i. # calls	

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	e.	Telephone call to (or in person visit with) health care provider listed on Contact Information Form	- (2)		
		1 2 (f)	3 (f)	i. # calls	
	f.	Other 1 2 (B3) 3	3 (B3)	i. # calls/ letters	
		Specify other strategies employed to contact participant:	:		
B3.	Date	of last contact with participant: / /			
D3.	Date	M M D D Y Y Y	Y		
		SECTION C: REASON(S) FOR MISSED VISIT			
C1.	Num	ber of missed appointments made for this study visit (if none, enter	er "00"):		
C2.	Unal	ple to contact participant because (Circle "Yes" or "No" for each):		
			<u>Yes</u>	<u>No</u>	
	a.	No telephone number	1	2	
	b.	Wrong telephone number on contact information form	1	2	
	C.	Phone call(s)/ message(s) not returned	1	2	
	d.	Phone disconnected	1	2	
	e.	Unable to send letter(s)/postcard(s) per participant's request	1	2	
	f.	Mail returned to site, no forwarding address	1	2	
	g.	Mail not returned and no response from participant	1	2	
	h.	Mail returned to sender, participant reported deceased	1	2	
	i.	No individual(s) listed on contact information form	1	2	
	j.	Homeless/no address	1	2	
	k.	Other	1	2 (Skip to C3)	
		Specify other reason(s):			

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

a.	Unknown	1 (END)	2
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
0.	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)

<u>No</u>