



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### MISSED VISIT INFORMATION

Missed Visit Information (**MISSVST**) is completed at missed annual visits only.

Missed Visit Information (**MISSVST**) is completed after the participant's clinical (annual) visit window closes and the next annual visit window opens.

1. What was the reason(s) for a missed visit? (check all that apply)

- <sub>1</sub> Out of town until..... Specify: \_\_\_\_\_
- <sub>1</sub> Too ill
- <sub>1</sub> Hospitalized
- <sub>1</sub> Too busy until..... Specify: \_\_\_\_\_
- <sub>1</sub> Unable to contact
- <sub>1</sub> Scheduled multiple times (cancellation and no show)
- <sub>1</sub> Wishes to withdraw
- <sub>1</sub> Unable to come in due to caring for a loved one
- <sub>1</sub> Moved permanently, not able to be transferred
- <sub>1</sub> Moved out of the area, to be transferred to another center
- <sub>1</sub> Refusing, no reason stated
- <sub>1</sub> Unable to come in due to family/life event
- <sub>1</sub> Unable to come in due to pregnancy
- <sub>1</sub> Other, Specify: \_\_\_\_\_