

MarkVCID2 CRF Package: Missed Visit Form

Patient ID: _____

MISSED VISIT FORM

Has the participant missed a MarkVCID2 visit? No Yes

Visit missed: 12 Month Visit 24 Month Visit 36 Month Visit
 Other (specify): _____

Primary reason for missed visit (**select one**):

Participant and informant/alternate contacts could not be successfully contacted

Specify number of attempts to contact: _____

Participant successfully contacted but unable/unwilling to complete study visit

Did the participant cancel or not attend the scheduled visit?

No (visit not scheduled)

Yes (visit scheduled and canceled/not attended)

Select all reasons that apply:

Unable/unwilling due to perceived cognitive impairment

Unable/unwilling due to perceived physical impairment

Family obligations (e.g., caring for sick relative)

Professional/work obligation

Too busy

Lost interest in study

Distance/living out of area

Currently hospitalized or in inpatient rehabilitation

Other (specify): _____

Site operational issues

Select all reasons that apply:

Insufficient study personnel to conduct visit

Participant not contacted

Other (specify): _____

Additional
comments:

