



MISSED DATA COLLECTION FORM

ID NUMBER:

FORM CODE:

DATE: 2/12/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Update this form to document the reason for a missed study intervention visit, missed follow-up visit, or missed key forms from a partial visit. Document missed visits and missed forms when there is **no** possibility of future collection. Update this form to delete relevant sections if the visit data gets collected after it had been recorded as missing.

Baseline Visit

1. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
1a. ACC	1a1.
1b. ANT	1b1.
1c. BIA (lab)	1c1.
1d. CDI	1d1.
1e. CDP	1e1.
1f. CDS	1f1.
1g. CES	1g1.
1h. ESU	1h1.
1i. FAM	1i1.
1j. HEX	1j1.
1k. HHF	1k1.
1l. HHI	1l1.
1m. HOS	1m1.
1n. NCS	1n1.
1o. NHX	1o1.
1p. NPI	1p1.
1q. PAC	1q1.
1r. PFX	1r1.
1s. PHA (lab)	1s1.
1t. SBP	1t1.
1u. SFH	1u1.
1v. SNI	1v1.
1w. ULS	1w1.
1x. WRAT	1x1.

Intervention Visit A

2. Completion status for intervention visit A.....
 Missed.....M
 Partial.....P → **Go to Item 4**

3. Reason for missed intervention visit A.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

3a. Specify other reason for missed intervention visit A:
 _____ → **Save and close form**

4. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
4a. COSI	4a1.
4b. DEMC	4b1.
4c. GAF	4c1.
4d. ICF	4d1.
4e. ICHI	4e1.
4f. ISO	4f1.
4g. SAI	4g1.
4h. SFHC	4h1.

Intervention Visit B

5. Completion status for intervention visit B.....
 Missed.....M
 Partial.....P → **Go to Item 7**

6. Reason for missed intervention visit B.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

6a. Specify other reason for missed intervention visit B:
 _____ → **Save and close form**

7. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
7a. COSI	7a1.
7b. DEMC	7b1.
7c. GAF	7c1.
7d. ICF	7d1.
7e. ICHI	7e1.
7f. ISO	7f1.
7g. SAI	7g1.
7h. SFHC	7h1.

Intervention Visit C

8. Completion status for intervention visit C.....
 Missed.....M
 Partial.....P → **Go to Item 10**

9. Reason for missed intervention visit C.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

9a. Specify other reason for missed intervention visit C:
 _____ → **Save and close form**

10. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
10a. COSI	10a1.
10b. DEMC	10b1.
10c. GAF	10c1.
10d. ICF	10d1.
10e. ICHI	10e1.
10f. ISO	10f1.
10g. SAI	10g1.
10h. SFHC	10h1.

Intervention Visit D

11. Completion status for intervention visit D.....
 Missed.....M
 Partial.....P → **Go to Item 13**

12. Reason for missed intervention visit D.....
- Participant refused.....A → **Save and close form**
- Participant or PPTs support person is sick or injured.....B → **Save and close form**
- Participant moved away from the area.....C → **Save and close form**
- Unable to reach after many attempts.....D → **Save and close form**
- Other.....E

12a. Specify other reason for missed intervention visit D:
 _____ → **Save and close form**

13. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
13a. COSI	13a1.
13b. DEMC	13b1.
13c. GAF	13c1.
13d. ICF	13d1.
13e. ICHI	13e1.
13f. ISO	13f1.
13g. SAI	13g1.
13h. SFHC	13h1.

Follow-up Visit 6 Month

14. Completion status for 6 month follow-up visit.....
- Missed.....M
- Partial.....P → **Go to Item 16**

15. Reason for missed 6 month follow-up visit.....
- Participant refused.....A → **Save and close form**
- Participant or PPTs support person is sick or injured.....B → **Save and close form**
- Participant moved away from the area.....C → **Save and close form**
- Unable to reach after many attempts.....D → **Save and close form**
- Other.....E

15a. Specify other reason for missed 6 month follow-up visit:
 _____ → **Save and close form**

16. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
16a. CES	16a1
16b. ESU	16b1
16c. HHI	16c1.
16d. HOS	16d1.
16e. ICF	16e1.

16f. ICHI	16f1.
16g. IFF	16g1.
16h. MME6	16h1.
16i. SAI	16i1.
16j. SFH	16j1.
16k. SFHC	16k1.
16l. SNI	16l1.
16m. ULS	16m1.

Follow-up Visit Year 1

17. Completion status for Year 1 follow-up visit.....
 Missed.....M
 Partial.....P → **Go to Item 16**

18. Reason for missed Year 1 follow-up visit.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

18a. Specify other reason for missed Year 1 follow-up visit:
 _____ → **Save and close form**

19. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
19a. AAF	19a1
19b. ACC	19b1
19c. ANT	19c1.
19d. CDI	19d1.
19e. CDP	19e1.
19f. CDS	19f1.
19g. CES	19g1.
19h. ESU	19h1.
19i. FAM	19i1.
19j. HHF	19j1.
19k. HHI	19k1.
19l. HOS	19l1.
19m. ICF	19m1.
19n. MME6	19n1.
19o. NCS	19o1.
19p. NHX	19p1.
19q. NPI	19q1.
19r. PAC	19r1.
19s. PFX	19s1.

19t. SAI	19t1.
19u. SBP	19u1.
19v. SFH	19v1.
19w. ULS	19w1.

Follow-up Visit 18 Month

20. Completion status for 18 month follow-up visit.....
 Missed.....M
 Partial.....P → **Go to Item 22**

21. Reason for missed 18 month follow-up visit.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

21a. Specify other reason for missed 18 month follow-up visit:
 _____ → **Save and close form**

22. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
22a. ESU	22a1
22b. HOS	22b1
22c. ICF	22c1.
22d. ICHI	22d1.
22e.MME6	22e1.
22f. SAI	22f1.

Follow-up Visit Year 2

23. Completion status for Year 2 follow-up visit.....
 Missed.....M
 Partial.....P → **Go to Item 25**

24. Reason for missed Year 2 follow-up visit.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

24a. Specify other reason for missed Year 2 follow-up visit:

_____ → **Save and close form**

25. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
25a. AAF	25a1
25b. ACC	25b1
25c. ANT	25c1.
25d. CDI	25d1.
25e. CDP	25e1.
25f. CDS	25f1.
25g. CES	25g1.
25h. ESU	25h1.
25i. FAM	25i1.
25j. HHF	25j1.
25k. HHI	25k1.
25l. HOS	25l1.
25m. ICF	25m1.
25n. MME6	25n1.
25o. NCS	25o1.
25p. NHX	25p1.
25q. NPI	25q1.
25r. PAC	25r1.
25s. PFX	25s1.
25t. SAI	25t1.
25u. SBP	25u1.
25v. SFH	25v1.
25w. ULS	25w1.

Follow-up Visit 30 Month

26. Completion status for 30 month follow-up visit.....

Missed.....M

Partial.....P → **Go to Item 28**

27. Reason for missed 30 month follow-up visit.....

Participant refused.....A → **Save and close form**

Participant or PPTs support person is sick or injured.....B → **Save and close form**

Participant moved away from the area.....C → **Save and close form**

Unable to reach after many attempts.....D → **Save and close form**

Other.....E

27a. Specify other reason for missed 30 month follow-up visit:

_____ → **Save and close form**

28. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
28a. ESU	28a1
28b. HOS	28b1
28c. ICF	28c1.
28d. ICHI	28d1.
28e.MME6	28e1.
28f. SAI	28f1.

Follow-up Visit Year 3 - Telephone

29. Completion status for Year 3 telephone follow-up visit.....
 Missed.....M
 Partial.....P → **Go to Item 31**

30. Reason for missed Year 3 telephone follow-up visit.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

30a. Specify other reason for missed Year 3 telephone follow-up visit:
 _____ → **Save and close form**

31. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
31a. AAF	31a1
31b. ACC	31b1
31c. ANT	31c1.
31d. CDI	31d1.
31e. CDP	31e1.
31f. CDS	31f1.
31g. CES	31g1.
31h. ESU	31h1.
31i. FAM	31i1.
31j. HHF	31j1.
31k. HHI	31k1.
31l. HOS	31l1.
31m. ICF	31m1.
31n. MME6	31n1.
31o. NCS	31o1.
31p. NHX	31p1.
31q. NPI	31q1.
31r. PAC	31r1.

31s. PFX	31s1.
31t. SAI	31t1.
31u. SBP	31u1.
31v. SFH	31v1.
31w. ULS	31w1.

Follow-up Visit Year 3 – In-Clinic

32. Completion status for Year 3 in-clinic follow-up visit.....
 Missed.....M
 Partial.....P → **Go to Item 34**

33. Reason for missed Year 3 in-clinic follow-up visit.....
 Participant refused.....A → **Save and close form**
 Participant or PPTs support person is sick or injured.....B → **Save and close form**
 Participant moved away from the area.....C → **Save and close form**
 Unable to reach after many attempts.....D → **Save and close form**
 Other.....E

33a. Specify other reason for Year 3 in clinic follow-up visit missed:
 _____ → **Save and close form**

34. Check the form that was not collected and then record the reason. Mark checked forms Permanently Missing in the CDART form grid.

Missed Form	Reason Form is Missing
34a. AAF	34a1
34b. ACC	34b1
34c. ANT	34c1.
34d. CDI	34d1.
34e. CDP	34e1.
34f. CDS	34f1.
34g. CES	34g1.
34h. ESU	34h1.
34i. FAM	34i1.
34j. HHF	34j1.
34k. HHI	34k1.
34l. HOS	34l1.
34m. ICF	34m1.
34n. MME6	34n1.
34o. NCS	34o1.
34p. NHX	34p1.
34q. NPI	34q1.
34r. PAC	34r1.
34s. PFX	34s1.
34t. SAI	34t1.
34u. SBP	34u1.
34v. SFH	34v1.
34w. ULS	34w1.