

# MISSED ANCILLARY DATA COLLECTION FORM

| NUMBER:  FORM CODE:  M D C X  DATE: 03/06/2023  Version 2.0  |
|--|
| ADMINISTRATIVE INFORMATION   |
| Da. Completion Date: Day Year Ob. Staff ID:  |
| <b>nstructions:</b> Update this form to document the reason for a missed follow-up visit, or missed key forms from a partial visit. Document missed visits and missed forms when there is <b>no</b> possibility of future collection. Update this form to delete relevant sections if the visit data gets collected after it had been recorded as missing. |
| Follow-up Visit 6 Month  |
| 1. Completion status for 6 month follow-up visit   |
| PartialP → Go to Item 3  |
| 2. Reason for missed 6 month follow-up visit   |
| Participant refusedA → Save and close form   |
| Participant or PPTs support person is sick or injuredB → Save and close form   |
| Participant moved away from the area   |
| Unable to reach after many attemptsD → Save and close form  OtherE   |
| 2a. Specify other reason for missed 6 month follow-up visit:   |
| 3. 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 |
|-------------|------------------------|
| 3a. CES     | 3a1                    |
| 3b. COV     | 3b1                    |
| 3c. ESU     | 3c1                    |
| 3d. HHF     | 3d1                    |
| 3e. HHI     | 3e1.                   |
| 3f. HICF    | 3f1.                   |
| 3g. HOS     | 3g1.                   |
| 3h. ICHI    | 3h1.                   |
| 3i. IFF     | 3i1.                   |
| 3j. MMEA    | 3j1.                   |
| 3k. SFH     | 3k1.                   |
| 3I. SFHC    | 3l1.                   |

| 3m. SNI | 3m1. |
|---------|------|
| 3n. TAF | 3n1. |
| 3o. ULS | 301. |

## Follow-up Visit Year 1

| 4. Completion status for Year 1 follow-up visit             |                      |
|---|----------------------|
| MissedM   |                      |
| PartialP -  | →Go to Item 6        |
| 5.5. ( ) 1/4 (/ 1/11 ) 1/1                                  |                      |
| 5. Reason for missed Year 1 follow-up visit                 |                      |
| Participant refusedA -                                      | →Save and close form |
| Participant or PPTs support person is sick or injuredB      | →Save and close form |
| Participant moved away from the areaC                       | →Save and close forn |
| Unable to reach after many attemptsD                        | →Save and close form |
| OtherE  |                      |
| 5a. Specify other reason for missed Year 1 follow-up visit: |                      |
|   | →Save and close form |

6. 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 |
|---------------|------------------------|
| 6a. AAF       | 6a1                    |
| 6b. ACC       | 6b1                    |
| 6c. ANT       | 6c1.                   |
| 6d. CDI       | 6d1.                   |
| 6e. CDP       | 6e1.                   |
| 6f. CDS       | 6f1.                   |
| 6g. CES       | 6g1.                   |
| 6h. COV       | 6h1.                   |
| 6i. ESU       | 6i1.                   |
| 6j. FAM       | 6j1.                   |
| 6k. HHF       | 6k1.                   |
| 6l. HHI       | 611.                   |
| 6m. HOS       | 6m1.                   |
| 6n. HICF      | 6n1.                   |
| 6o. MMEE/MMEO | 601.                   |
| 6p. NCS       | 6p1.                   |
| 6q. NHX       | 6q1.                   |
| 6r. NPI       | 6r1.                   |
| 6s. PAC       | 6s1.                   |
| 6t. PFX       | 6t1.                   |
| 6u. SBP       | 6u1.                   |
| 6v. SFH       | 6v1.                   |
| 6w. TAF       | 6w1.                   |
| 6x. ULS       | 6x1.                   |

#### Follow-up Visit 18 Month

| •                 | tus for 18 month follow-up visit. |                              |      |
|-------------------|-----------------------------------|------------------------------|------|
|                   |                                   | P →Go to Item 9              |      |
| 8. Reason for mis | sed 18 month follow-up visit      |                              |      |
| Participant       | t refused                         | A → Save and close           | form |
|                   |                                   | or injuredB → Save and close |      |
| Participant       | t moved away from the area        | C →Save and close            | form |
|                   |                                   | D →Save and close            | form |
| Other             |                                   | E                            |      |
| 8a. Specify       | y other reason for missed 18 mo   | onth follow-up visit:        |      |
|                   |                                   | →Save and close t            | form |

9. 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 |
|-------------|------------------------|
| 9a. COV     | 9a1                    |
| 9b. ESU     | 9b1                    |
| 9c. HHF     | 9c1                    |
| 9d. HICF    | 9d1                    |
| 9e. HOS     | 9e1                    |
| 9f. ICHI    | 9f1.                   |
| 9g. MMEA    | 9g1.                   |
| 9h. TAF     | 9h1                    |

## Follow-up Visit Year 2

| 10. Completion status for Year 2 follow-up visit      |   |
|---|---|
| Missed  | M   |
| Partial   | P →Go to Item 12                            |
| 11. Reason for missed Year 2 follow-up visit          |   |
| Participant refused                                   | A →Save and close form                      |
| Participant or PPTs support person is sick or injured | $\dots$ B $\rightarrow$ Save and close form |
| Participant moved away from the area                  | C → Save and close form                     |
| Unable to reach after many attempts                   |   |
| Other   | E   |
| 11a. Specify other reason for missed Year 2 follow-t  | up visit:                                   |
|   | →Save and close form                        |

12. 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 |
|----------------|------------------------|
| 12a. AAF       | 12a1                   |
| 12b. ACC       | 12b1                   |
| 12c. ANT       | 12c1.                  |
| 12d. CDI       | 12d1.                  |
| 12e. CDP       | 12e1.                  |
| 12f. CDS       | 12f1.                  |
| 12g. CES       | 12g1.                  |
| 12h. COV       | 12h1                   |
| 12i. ESU       | 12i1.                  |
| 12j. FAM       | 12j1.                  |
| 12k. HHF       | 12k1.                  |
| 12I. HHI       | 12 1.                  |
| 12m. HICF      | 12m1                   |
| 12n. HOS       | 12n1.                  |
| 12o. MMEE/MMEO | 1201.                  |
| 12p. NCS       | 12p1.                  |
| 12q. NHX       | 12q1.                  |
| 12r. NPI       | 12r1.                  |
| 12s. PAC       | 12s1.                  |
| 12t. PFX       | 12t1.                  |
| 12u. SBP       | 12u1.                  |
| 12v. SFH       | 12v1.                  |
| 12w. TAF       | 12w1.                  |
| 12x. ULS       | 12x1.                  |

#### Follow-up Visit 30 Month

| 13. Completion status for 30 month follow-up visit    |                        |
|---|------------------------|
| Missed  | .M                     |
| Partial   | P →Go to Item 15       |
| 14. 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<br>Other          |                        |
| 14a. Specify other reason for missed 30 month follow- | ' <u> </u>             |
|   | →Save and close form   |

15. 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 |
|-------------|------------------------|
|             |                        |

| 15a. COV  | 15a1  |
|-----------|-------|
| 15b. ESU  | 15b1  |
| 15c. HHF  | 15c1  |
| 15d. HICF | 15d1  |
| 15e. HOS  | 15e1  |
| 15f. ICHI | 15f1. |
| 15g. MMEA | 15g1. |
| 15h. TAF  | 15h1  |

## Follow-up Visit Year 3

| 16. Coı | mpletion status for Year 3 follow-up visit                  |                      |
|---------|---|----------------------|
|         | PartialP -  | →Go to Item 18       |
| 17. Rea | ason for missed Year 3 follow-up visit                      |                      |
|         | Participant refusedA  | →Save and close form |
|         | Participant or PPTs support person is sick or injuredB      | →Save and close form |
|         | Participant moved away from the areaC                       | →Save and close form |
|         | Unable to reach after many attemptsD OtherE                 | →Save and close form |
|         | 17a. Specify other reason for missed Year 3 follow-up visit | t:                   |
|         |   | →Save and close form |

18. 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 |
|----------------|------------------------|
| 18a. AAF       | 18a1                   |
| 18b. ACC       | 18b1                   |
| 18c. ANT       | 18c1.                  |
| 18d. CDI       | 18d1.                  |
| 18e. CDP       | 18e1.                  |
| 18f. CDS       | 18f1.                  |
| 18g. CES       | 18g1.                  |
| 18h. COV       | 18h1                   |
| 18i. ESU       | 18i1.                  |
| 18j. FAM       | 18j1.                  |
| 18k. HHF       | 18k1.                  |
| 18I. HHI       | 18l1.                  |
| 18m. HICF      | 18m1                   |
| 18n. HOS       | 18n1.                  |
| 18o. MMEE/MMEO | 1801.                  |
| 18p. NCS       | 18p1.                  |
| 18q. NHX       | 18q1.                  |
| 18r. NPI       | 18r1.                  |
| 18s. PAC       | 18s1.                  |
| 18t. PFX       | 18t1.                  |

| 18u. SBP | 18u1. |
|----------|-------|
| 18v. SFH | 18v1. |
| 18w. TAF | 18w1. |
| 18x. ULS | 18x1. |