




PRN Missed Visit

 **This CRF is to be used only if the participant has missed this Study Visit.**



DATE SENSITIVE DATA ENTRY. Please enter the data from the paper CRF into REDCap ASAP.

| | | |
|-----------|---------------------------|---|
| 01 | REDCap entry Date: |  <i>You do not need to enter a date on this paper CRF, but you will be prompted to click the "Today" button when entering this Missed Visit in REDCap</i> |
| 02 | Confirm the visit missed: | <input type="checkbox"/> V3 (day 7 - 1st IVR phone contact) <input type="checkbox"/> V4 (day 14 - 1st IVR clinic visit) <input type="checkbox"/> V5 (day 28 - 1st IVR clinic visit) <input type="checkbox"/> V6 (day 0 - 2nd IVR clinic visit) <input type="checkbox"/> V7 (day 7 - 2nd IVR phone contact) <input type="checkbox"/> V8 (day 14 - 2nd IVR clinic visit) <input type="checkbox"/> V9 (day 28 - 2nd IVR clinic visit) |
| 03 | Reason visit was missed: | <input type="checkbox"/> unable to contact participant <input type="checkbox"/> unable to schedule appointment(s) within allowable window <input type="checkbox"/> participant refused visit <input type="checkbox"/> participant incarcerated → complete participant disposition CRF <input type="checkbox"/> participant admitted to a health care facility → complete SAE <input type="checkbox"/> participant withdrew from study → complete participant disposition CRF <input type="checkbox"/> participant deceased → complete participant disposition CRF <input type="checkbox"/> other (<i>answer 03a</i>) |

 *03a. Complete if other reason visit was missed:*

Specify Other reason: _____

| | |
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| 04 | Steps taken to address the reason for the missed visit (corrective action plan): <div style="border: 1px solid black; border-radius: 20px; height: 250px; margin-top: 10px;"></div> |
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CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)