

Record 01

NON-COMPLIANCE FORM

PATIENT ID: IDFIELDS

BLOOD ID: BLOODID

1. Date of Non-Compliance: Q1MO - Q1DA - Q1YR
MO DA YR

2. Type of non-compliance: Not completing telephone interview 1
 Not scheduling or keeping in-person appointment 2 **Q2**

3. What is the reason for the non-compliance?

- RF - Refusal 1 (Q4)
- IL - Ill 2
- IN - Incompetent 3
- DE - Deceased 4 (Q5) **Q3**
- LP - Lanugage problem 5
- UN - Unavailable 6 (Q6)
- OT - Other 8 (Q7)
- MI - Missed 9 (Q8)

4. Refusal: What reasons were given for this refusal?

Q4REF1 Q4REF2 Q4REF3

5. Deceased: If deceased person is the patient, record date and state of death.

Date of Death: Q5MO - Q5DA - Q5YR
MO DA YR

State of Death: Q5STATE

6. Unavailable: Briefly describe why the patient or proxy is unavailable and how long he/she is expected to be unavailable.

Q6WHY
Q6LONG
 Date when the patient or proxy will be available: _____

7. Other: Specify the reason for non-compliance.

Q7