MISSED VISIT

Clinical Study of IPPB

This form should be completed for each patient who misses a clinic visit for reasons other than death (Form 723) or patient withdrawal (Form 722).

Form [7][2][4][0] 1-4

Due date of missed visit [ ][ ][ ] (Mo Day Yr) 5-10

A. PATIENT IDENTIFICATION

1. Treatment center number [ ] 11
2. Patient number [ ][ ][ ][ ] 12-15
3. Date of birth [ ][ ][ ] (Mo Day Yr) 16-21

B. VISIT INFORMATION

1. Month number of missed visit (1-36) [ ][ ] 22-23
2. Type of visit

Quarterly [1] 24
Semiannual [2]
Annual [3]

C. REASONS FOR MISSED VISIT

	NO	YES	
1. Has contact been made with the patient or his family concerning this missed visit? If NO, what steps are being made to contact the patient? *(If NO, SKIP to Section F.)*	[1]	[2]	30

_____

_____

_____

_____

_____

_____

2. Why was this visit missed?

_____

_____

_____

	NO	YES	
a. Temporary absence of patient?	[1]	[2]	35
b. Lack of interest in the study?	[1]	[2]	36
c. Worsening of the patient's COPD?	[1]	[2]	37
d. Other illness?	[1]	[2]	38
e. Other _____	[1]	[2]	39

D. STATUS OF PATIENT DURING THE MONTH PRIOR TO THE MISSED CLINIC VISIT

1. Was the patient continuing to use his breathing machine? *(Check only one)*

As prescribed [1] 40
Less than usual [2]
Not at all [3]
Unknown [4]

2. Had there been any change in the patient's symptoms? *(Check only one)*

None [1] 41
Better [2]
Worse [3]
Unknown [4]

E. HISTORY

	NO	YES	UNK	
1. Has the patient been hospitalized since his last clinic visit? If YES, specify reason(s), dates, and hospital(s), and complete Form 720.	[1]	[2]	[3]	50

_____

_____

_____

Patient #_____ Date _____

2. Has the patient experienced any of the following since his last clinic visit?

	NO	YES	UNK	
a. Worsening airway obstruction with infection	1	2	3	51
b. Worsening airway obstruction without infection	1	2	3	52
c. Pneumonia	1	2	3	53
d. Acute myocardial infarction	1	2	3	54
e. Left ventricular failure	1	2	3	55
f. Right ventricular failure	1	2	3	56
g. Pneumothorax	1	2	3	57
h. Pulmonary embolism	1	2	3	58
i. Arrhythmia: atrial	1	2	3	59
j. Arrhythmia: ventricular	1	2	3	60
k. Other: _____	1	2	3	61

3. How many treated acute exacerbations has the patient experienced since the last quarterly evaluation? *(9 only if unknown)* *(Form 727 should be completed for each exacerbation.)* ☐ 62

F. NEXT VISIT

How soon do you expect to be able to see the patient? *(Check only one)*

Within a month	1	70
1 month	2	
2 months	3	
3 months	4	
More than 3 months	5	
Unknown	6	

4. Person responsible for the information recorded on this form:

_____ Date _____