PULMONARY AIDS CLINICAL STUDY
FORM T - MISSED VISIT FORM

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. **Current Date:** Enter the date the form was completed. This date must be recorded as a complete date.

4. **Missed Visit:** Enter yes or no whether the patient missed a scheduled visit and if yes, enter the date of the last completed visit, the date that the current missed visit was scheduled, and the date of the next scheduled visit. These dates should be complete dates.

5. **Termination:** Enter yes or no to indicate if the patient was terminated from participation in the study. If YES, indicate the reason that the patient was terminated then enter the date that the patient was actually terminated from the study. This date should be a complete date. If the patient is terminated, a narrative explanation for the termination should be provided.

    Form Completed By: The individual that completed the form should print their full name and the date the form was completed in the space provided.

    Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION
MISSED VISIT/TERMINATION

1. Patient ID .... [ ][ ][ ][ ][ ]

2. Clinic .... [ ][ ]

	Day	Month	Year

3. Current Date .... [ ][ ] [ ][ ][ ] [ ][ ]

4. What type of visit did the patient miss?

[ ] Regularly   [ ] One   [ ] None
 1   Scheduled   2   Month   3
      Visit   Follow-up

   IF 1 OR 2 CHECKED,   Day   Month   Year

       A. Date of Last Completed Visit .... [ ][ ] [ ][ ][ ] [ ][ ]

       B. Date Missed Visit Was Scheduled .... [ ][ ] [ ][ ][ ] [ ][ ]

       C. Date of Next Scheduled Visit .... [ ][ ] [ ][ ][ ] [ ][ ]

       D. Which scheduled visit was missed? ..... [ ][ ] month
           (03 month, 06 month, etc.)

                                            Yes   No
5. Was Patient Terminated From Study?   [ ]   [ ]
                                             y   n

   IF YES,

       1. Voluntary Withdrawal From Study .... [ ] 01

       2. Withdrawn by Physician .... [ ] 02

       3. Delinquency Problems .... [ ] 03

       4. Lost to Follow-Up (can't trace, moved, etc.) .... [ ] 04

       5. Death .... [ ] 05

       6. Other (specify) .... [ ] 06

Version: | 1 | 5 | | M | A | Y | | 9 | 0 |

	Day	Month	Year

B. Date of Termination .... | | | | | | | | | |

*   Narrative explanation for termination: _____

_____

_____

Form Reviewed By: _____   Date_____
                         (please print)

Form Reviewed By: _____   Date_____
                         (please print)

Form Keyed By: _____   Date: _____
                         (please print)