## Missed or Incomplete Visit/Telephone Contact

(MV-1)

Purpose: Record reason for missed or incomplete in-person visit or telephone contact.

When: At the close of a visit window for any missed visit or contact. Use also to document specific forms not completed during a visit or contact.

Completed by: CitAD certified personnel.

Information obtained from: Patient and/or caregiver.

**Instructions:** Record whether the entire visit/telephone contact was missed or whether specific forms were not completed at a visit or contact. Record reason for missed/incomplete visit/telephone contact information. For visit ID, put the visit ID for the missed or incomplete visit. If study participation is terminated, do not complete a MV form for the subsequent visits. Document study participation termination by completing a Study Participation Closeout (SC) form at the time of the termination.



## **B.** In-person visit/telephone contact information

7. Type of visit (check only one):

In-person visit	(	1)
Telephone contact	(	<sub>2</sub> )

**8.** Are the records for the entire in-person visit or telephone contact missing:

$$\begin{array}{c} Yes \\ \begin{pmatrix} Yes \\ 1 \end{pmatrix} \\ \hline \begin{array}{c} 10 \\ 1 \end{array} \end{array}$$

9. Reason for missing in-person visit or telephone contact records (check all that apply): **a.** Patient scheduling conflict . . . . . . ( ,) .) **c.** Patient was not feeling well . . . . . . ( **d.** Patient in hospital or hospice . . . . . . ( ₁) e. Patient was temporarily away from ( 1) g. Patient has permanently moved from **h.** Unable to contact patient ..... ( ₁) **i.** Caregiver scheduling conflict . . . . . . ( ,) **k.** Caregiver was not feeling well . . . . . ( **I.** Caregiver in hospital or hospice ..... ( \_) m. Caregiver was temporarily away from area ..... ( ,) \_) o. Caregiver has permanently moved from the area. ₁) **p.** Unable to contact caregiver. . . . . . . ( 1) **q.** Visit was completed but records were 1) **r.** Unable to complete telephone contact before in-person visit ..... <sub>1</sub>) **s.** Other ..... ₁) (

specify

Skip to item 12.

month

C. Administrative information

day

**14.** Study coordinator signature:

**12.** Date form reviewed:

**13.** Study coordinator ID:

\_\_\_\_ \_\_\_\_ \_\_\_\_

year

<b>10.</b> For incomplete records for in-person		
or telephone contact, check form(s) available ( <i>check all that apply</i> ):	not	
a. ADCS-Activities of Daily Living		
Inventory (AD)		1)
<b>b.</b> Blood Collection (BC)	(	1)
c. Cohen-Mansfield Agitation Inven (CM)		1)
<b>d.</b> Caregiver Information (CA)	(	1)
e. Cornell Scale for Depression in Dementia (CS)	(	1)
f. Enrollment Medical History (EH)	(	1)
g. Follow-up Medical History (FH)	(	1)
<b>h.</b> Get Up and Go (GU)	(	1)
i. Clinical Global Impression of Cha (CG)		1)
j. Mini-Mental State Examination (N	MS) (	1)
k. Neuropsychiatric Inventory (NP)	(	1)
I. Neurobehavioral Rating Scale (NF	R) (	1)
m. Study Participation Closeout (SC	C) (	1)
n. Study Drug Issue and Return (SD	) (	1)
o. Telephone Contact (TC)	(	1)
<b>p.</b> Treatment Termination (TT)	(	1)
<b>q.</b> Other	(	<sub>1</sub> )
specify		
r. Electrolyte Panel Results (EP)	(	<sub>1</sub> )
<b>11.</b> Reason for missing assessment(s) <i>(check all that apply)</i> :		
<b>a.</b> Patient was not feeling well	(	1)
<b>b.</b> Patient refused procedure	(	1)
<b>c.</b> Patient had physical limitation	(	1)
<b>d.</b> Caregiver was not feeling well	(	1)
e. Caregiver refused procedure	(	1)
<b>f.</b> Procedure forgotten	(	1)
g. Forms completed but were lost	(	1)
h. Necessary instruments are missing/broken	(	1)
<b>i.</b> Other	(	1)

specify