

Missed Visit

Purpose: Record vital status, reason for missed visit and if applicable, ocular opportunistic infections and systemic events.
When: At the close of a visit window for any missed clinic visit. Quality of Life (QL) and Visual Functioning Questionnaire - 25 (VQ) forms should be completed by telephone interview. Patient location form should be updated, if applicable.
By whom: Clinic coordinator.

A. Clinic, patient, and visit identification

- 1. Clinic ID code: _____
- 2. Patient ID#: _____
- 3. Patient name code: _____
- 4. Date of visit:
_____ - _____ - _____
day mon year
- 5. Visit ID code: _____

B. Patient information

- 6. Vital status of patient
 - a. Vital status (*check only one*):
 - Alive (1)
 - Dead (2)
 - Unknown (3)
7. _____
- b. Date vital status ascertained:
_____ - _____ - _____
day mon year
- Skip to item 22 if patient is dead. Complete and submit to CC all forms required at death.*

7. Reason for missed visit (*check all that apply*)

- a. Patient was too ill: (1)
 - b. Patient in hospital or hospice: (1)
 - c. Patient was temporarily away from area: (1)
 - d. Patient refused to return: (1)
 - e. Patient has permanently moved from the area: (1)
 - f. Unable to contact patient (*after "good faith" effort to do so*): (1)
10. _____
- g. Patient has withdrawn consent: (1)
10. _____
- h. Other (*specify*): (1)
- _____

- 8. Were both the Quality of Life form and the Visual Functioning Questionnaire - 25 form completed:
Yes (1) No (2)
9. _____

If No, why not:

- 9. Did the patient report any eye problems:
Yes (1) No (2)
10. _____

If Yes, describe:

10. Are there new ocular or other medical data available for this patient since the last in-person visit:

Yes (1) No (2)
22. _____

11. Was the patient diagnosed with an ocular opportunistic infection:

Yes (1) No (2) Don't know (3)
15. _____ **15.** _____

If Yes, specify

12. Type of ocular opportunistic infection
(check all that apply)

a. CMV retinitis: (1)

b. Other (specify): (1)

13. Who diagnosed the ocular opportunistic infection:

SOCA-certified ophthalmologist (1)

Other clinic ophthalmologist (2)

Other ophthalmologist (3)

Other (specify): (4)

14. Diagnosis of ocular opportunistic infection documented in medical records:

Yes (1) No (2)

15. Systemic opportunistic infection or other major illness

a. Was the patient diagnosed with a systemic opportunistic infection or other major illness since the last in-person visit:

Yes (1) No (2) Don't know (3)
18. _____ **18.** _____

b. If Yes, specify diagnosis and, if applicable, diagnosis code:

c. Diagnosis code:

16. Who diagnosed the patient with a systemic opportunistic infection or other major illness:

SOCA-certified physician (1)

Other clinic physician (2)

Other physician (3)

Other (specify): (4)

17. Diagnosis of systemic opportunistic infection or other major illness documented in medical records:

Yes (1) No (2)

18. Were there any other major medical events since the last in-person visit:

Yes (1) No (2) Don't know (3)
21. _____ **21.** _____

If Yes, specify

19. Who diagnosed other major medical event:

- SOCA-certified physician (1)
 - Other clinic physician (2)
 - Other physician (3)
 - Other (*specify*): (4)
-

20. Diagnosis of other major medical event documented in medical records:

- (Yes (1))
- (No (2))

21. Are new laboratory data available since the last visit that were collected in this visit window:

- (Yes (1))
- (No (2))
- (Don't know (3))

If Yes, please complete appropriate data form (HIV Viral Load (HL) and/or Hematology and Serum Chemistry (HS) form).

C. Administrative information

22. Date form reviewed:

____ - ____ - ____
day mon year

23. Clinic coordinator ID: _____

24. Clinic coordinator signature:
