

STOP II TRIAL

REASON FOR OVERDUE TCD EXAM VISIT FOR RANDOMIZED PATIENT

****AFFIX PATIENT LABEL HERE****

A. OVERDUE TCD EXAM IDENTIFIER INFORMATION

A1. Person completing form (Initials)

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A2. Date form completed (Month/Day/Year) ____ ____ / ____ ____ / ____ ____

A3. TCD exam number of overdue TCD EX- ____ ____

A4. Is this the first Form 18T submitted for this exam number?

NO 1 (**SKIP TO B1.b**)

YES 2

B. REASON FOR OVERDUE OR MISSED TCD EXAM

B1. Was a TCD exam scheduled?

NO 1

YES 2 (**SKIP TO Q. B1.b**)

B1.a. Reason that TCD exam was not scheduled

PATIENT LOST-TO -FOLLOW-UP 1 [**STOP- FORM COMPLETE**]

PATIENT REFUSING 2

PATIENT MOVED 3 [**STOP – FORM COMPLETE**]

PATIENT ILL 4

TCD EXAMINER NOT AVAILABLE TO
PERFORM STUDY 5

OTHER 99

B1.a1. If OTHER, specify _____

(GO TO Q. B.2)

B1.b. Number of missed TCD exam visits for this exam number that were not previously reported: ____

a. Date of Scheduled TCD Exam Visit	b. Reason TCD Exam Visit was Missed (See code list below)	c. Specify reason if "Other"
1. ____ / ____ / ____ M M D D Y Y Y Y	____	
2. ____ / ____ / ____ M M D D Y Y Y Y	____	
3. ____ / ____ / ____ M M D D Y Y Y Y	____	
4. ____ / ____ / ____ M M D D Y Y Y Y	____	

Reason for Missed TCD Exam Visit Code List (Enter code for <u>primary reason</u> patient missed TCD exam visit)
01 Patient did not show up for scheduled visit
02 Patient was ill or experiencing or recovering from an acute event on the date of the scheduled visit
03 Patient lost to follow-up
04 Patient moved
05 TCD examiner was not available to perform TCD
06 TCD machine malfunction
99 Other (if Other, specify reason in Column c)

B2. Has the patient been scheduled/rescheduled for a TCD exam visit?

NO..... 1

YES..... 2

B2.a Date of next scheduled TCD exam visit (Month/Day/Year):

____ / ____ / ____