

# TLC Trial Form NONCMPLY.03

## Report of Ineligibility

### Visit Non-Compliance

|               |                 |
|---------------|-----------------|
| Center ID:    | _____ - _____   |
| Screening ID: | S _____ - _____ |
| Visit Code:   | V 2 _____       |

**INSTRUCTIONS:** Visit compliance should be assessed prior to TLC Visit V2 (or V2A). If the family is determined to be unable to comply with study requirements, TLC Visit V2 (or V2A) should be cancelled. This form is to be filled out for those families who are considered to be ineligible on the basis of visit non-compliance. Complete this form **ONLY** for children who are **NOT ELIGIBLE**.

## MISSED APPOINTMENTS

For each type of TLC visit listed below, answer the following questions:

- a. On how many different dates was this visit scheduled?
- b. How many appointments were missed by the family without extenuating circumstances?

2. **Clinic Visit V1**

- a. **Scheduled visits** \_\_\_\_\_
- b. **Missed visits** \_\_\_\_\_

3. **Clinic Visit V1A**

- a. **Scheduled visits** \_\_\_\_\_
- b. **Missed visits** \_\_\_\_\_

4. **Home Visit H1**

- a. **Scheduled visits** \_\_\_\_\_
- b. **Missed visits** \_\_\_\_\_

5. **Home Visit H2**

- a. **Scheduled visits** \_\_\_\_\_
- b. **Missed visits** \_\_\_\_\_

6. **Clinic Visit V2**

- a. **Scheduled visits** \_\_\_\_\_
- b. **Missed visits** \_\_\_\_\_

## ADMINISTRATIVE MATTERS

7. **Date form completed** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy

8. **TLC Staff** \_\_\_\_\_  
*Signature* \_\_\_\_\_ *TLC Code* \_\_\_\_\_

## COMMENTS