



**NOTE:** This form should be completed whenever a patient has missed a study appointment and the clinic is unable to contact the patient. This form is intended to both guide coordinators in their search for the patient, as well as to document the steps that have been taken to re-establish contact. The Patient Information Form (completed during the initial visit and filed in the patient's CAPT file) contains information about how to contact individuals who may know of the patient's whereabouts. Use the Patient Information Form as a resource as you attempt to locate the patient. Start completing this form within one week from the first unsuccessful attempt to contact the patient. Send a completed form to the Coordinating Center within one month from the first unsuccessful attempt to reach the patient.

Date of last CAPT visit:    \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_  
   Month Day Year

**Check the category line (in left column) when you have completed all tasks within the category. Whenever necessary, use a separate sheet of paper.**

\_\_\_ **I. Telephoning the patient** (Try telephoning the patient at various times of the day and various days of the week.)

A. Number of call attempts: \_\_\_ (If zero, why?)     No phone    Other, Specify: \_\_\_\_\_

(Skip to II.)

\_\_\_\_\_

\_\_\_\_\_

(Skip to II.)

B. Day, date, and time calls were made:

\_\_\_\_\_ AM/PM  
 Day of Week    Month Day Year    Time

\_\_\_\_\_ AM/PM  
 Day of Week    Month Day Year    Time

\_\_\_\_\_ AM/PM  
 Day of Week    Month Day Year    Time

C. Please describe the result of the call(s). (Check all that apply.)

- \_\_\_ 1. Wrong number
- \_\_\_ 2. Number changed to unpublished number
- \_\_\_ 3. No Answer

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- 4. Left message on answering machine (message never answered)
- 5. Left message with person answering the phone (message never returned)
- 6. Other (specify) \_\_\_\_\_  
\_\_\_\_\_

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II. **Sending Certified Letters to the Patient** (If calls are unsuccessful, send certified letters to all known addresses for the patient. Certified letters require the recipient's signature. Thus these letters can establish whether the address is still correct and if the patient has personally received your letter.)

A. Did you send a certified letter to the patient's primary address?  Yes  No

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

(Skip to II.D.)

B. Date letter was sent: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

C. Please describe the result of the certified letter.

- \_\_\_\_ 1. Letter returned/bad address
- \_\_\_\_ 2. Unanswered
- \_\_\_\_ 3. Other

(specify) \_\_\_\_\_

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

D. Did you send a certified letter to the patient's *alternate* living address? (Check one)  
 Yes  No alternate residence  No (if no, why not?):

(Skip to III.)

(Skip to III.)

E. Date letter was sent to alternate address: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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F. Please describe the result of the certified letter to the alternate address.

- 1. Letter returned/bad address
- 2. Unanswered
- 3. Other

(specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_ **III. Contacting the Patient's Next of Kin** (The patient's next of kin is very likely to know the patient's whereabouts. Contact this person as soon as you suspect that you've lost contact with the patient.)

A. Did you contact the patient's next of kin? (check one)

Yes     Patient Hasn't Any     No (if no, why not?):

(Skip to IV)

(Skip to IV.)

B. Date next of kin was contacted:    \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_  
 Month   Day   Year

C. Please describe the results of contacting the patient's next of kin.

- \_\_\_ 1. Unwilling to provide information
- \_\_\_ 2. Did not know whereabouts of patient
- \_\_\_ 3. No answer (Number of call attempts: \_\_\_)
- \_\_\_ 4. Other (specify):

\_\_\_ **IV. Contacting the Patient's Referring Ophthalmologist** (Telephone the patient's ophthalmologist to ascertain patient's whereabouts. The ophthalmologist may also be a good ally in encouraging the patient to continue follow-up in the study.)

A. Did you contact the patient's referring ophthalmologist? (check one)

Yes     Unknown     No (if no, why not?):

(Skip to V.)

(Skip to V.)

B. Date Ophthalmologist was Contacted:    \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_

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C. Please describe the results of contacting the patient's ophthalmologist

- \_\_\_ 1. Unwilling to provide information
- \_\_\_ 2. Did not know whereabouts of patient
- \_\_\_ 3. No answer (Number of call attempts: \_\_\_)
- \_\_\_ 4. Other (specify):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ V. **Contacting the Patient's Employer** (If the patient is employed, contacting the employer may be a very effective means of reaching the patient.)

A. Did you contact the patient's employer? (check one)

- Yes     Patient is not employed     No (if no, why not?)

(Skip to VI.)

\_\_\_\_\_

\_\_\_\_\_

(Skip to VI.)

B. Date employer was contacted: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

C. Please describe the results of contacting the patient's employer

- \_\_\_ 1. Unwilling to provide information
- \_\_\_ 2. Did not know whereabouts of patient
- \_\_\_ 3. No answer (Number of call attempts: \_\_\_)
- \_\_\_ 4. Other (specify)

\_\_\_\_\_

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**VI. Contacting the Patient's Family Physician** (Telephone the patient's family physician or any other physician known to be involved in the patient's care.)

A. Did you contact the patient's family physician? (check one)

- Yes       Unknown       No (if no, why not?):

(Skip to VII.)

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(Skip to VII.)

B. Date physician was contacted: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

C. Please describe the results of contacting the patient's physician.

- \_\_\_ 1. Unwilling to provide information
- \_\_\_ 2. Did not know whereabouts of patient
- \_\_\_ 3. No answer (Number of call attempts: \_\_\_)
- \_\_\_ 4. Other (specify):

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**VII. Contacting Other People likely to know Patient's Whereabouts** (Contact two people such as friends and relatives who do not live in the patients household.)

A. Did you contact one person not in the patient's household? (check one)

Yes     None identified     No (if no, why not?):

(Skip to VIII.)

(Skip to VIID.)

B. Date first person was contacted: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

C. Please describe the results of contacting this person not in the patient's household.

- \_\_\_\_ 1. Unwilling to provide information
- \_\_\_\_ 2. Did not know whereabouts of patient
- \_\_\_\_ 3. No answer (Number of call attempts: \_\_\_\_)
- \_\_\_\_ 4. Other (specify):

D. Did you contact a second person not in the patient's household? (check one)

Yes     None identified     No (if no, why not?) :

(Skip to VIII.)

(Skip to VIII.)

E. Date second person not in household was contacted: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**VIII. Contacting Other Sources**

A. Did you contact any other source of information?

Yes     No

Please identify all other sources of information you accessed and explain the results of these efforts.  
(Use an additional sheet if necessary.)

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Name of person taking responsibility for conducting this search:

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Date form completed:      -      -       
Month Day Year

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