WOMEN'S INTERAGENCY HIV STUDY

ASCERTAINMENT TRACKING CHECKLIST (ATC)

A1.	WIHS ID NUMBER:		- - -	
A2.	WIHS STUDY VISIT #:			
A3. A4.	FORM VERSION: FORM COMPLETED BY:		10/01/98	
A5.	DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?			
			1	
A6.	THE INTERVIOUS FROM SELF-R CLEARLY DEI DATA ENTRY	EW TO INDICAT EPORTED CONILINEATED ON THE INSTRUCTIONS	E WHERE TO COLLEC DITIONS. MULTIPLE EN HE ATC. : IF THE SAME SELF-RI	ST DURING ADMINISTRATION OF T FURTHER INFORMATION PISODES OF AN EVENT MUST BE EPORTED CONDITION IS LISTED D "MULTIPLE LOCATIONS – SEE
a. SELF-REPORTED CONDITION		b. FORM & QUESTION NUMBER	c. DATE OF DIAGNOSIS SINCE (MONTH) STUDY VISIT	d. NAME OF PROVIDER AND ADDRESS OF THE INSTITUTION