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	ERVIEWER INSTRUCTIONS: USE AS A CHECKLIST DURING ADMINISTRATION E INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION OM SELF-REPORTED CONDITIONS. MULTIPLE EPISODES OF AN EVENT MUST EARLY DELINEATED ON THE ATC. TA ENTRY INSTRUCTIONS: IF THE SAME SELF-REPORTED CONDITION IS LISTED THE ATC MULTIPLE TIMES, ENTER IN COLUMN D "MULTIPLE LOCATIONS – SC."			
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	