

**WOMEN'S INTERAGENCY HIV STUDY
DISENROLLMENT FORM**

ID LABEL
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FORM COMPLETED BY:

VERSION DATE: 10/01/00

VISIT NUMBER: _____

DATE OF THIS REPORT: _____ / _____ / _____
 M D Y

1. Disenrollment type (circle all that apply):

	<u>YES</u>	<u>NO</u>
WIHS Core.....	1	2
WIHS Oral Substudy.....	1	2
WIHS NIDA HCU Study.....	1	2
WIHS NIDA Immunology/Virology Substudy.....	1	2
Viral Resistance Substudy (VRS).....	1	2

2. Reason for Disenrollment (circle one code only):

Participant's death.....	1 (#3)
Participant's decision to withdraw.....	2 (#6)
Site decision to disenroll participant.....	3 (#7)

3. Date of participant's death:

_____ / _____ / _____
 M D Y

4. Source of initial information about death (circle yes or no for each):

	<u>YES</u>	<u>NO</u>
a. Report of family/friends.....	1	2
b. Hospital.....	1	2
c. Death certificate search.....	1	2
d. Obituary notice.....	1	2
e. Report from health care provider or social service provider.....	1	2
f. AIDS surveillance.....	1	2
g. Other source.....	1	2

Specify: _____

5a. Location of participant's death:

5b. City or county of participant's death: _____ (END)

6. Reason for participant's withdrawal:

Specify: _____ (END)

7. Reason for site's decision to disenroll:

Specify: _____ (END)

**THIS FORM SHOULD BE FAXED TO
WDMAC PRIOR TO DATA ENTRY.**