

**WOMEN'S INTERAGENCY HIV STUDY
DISENROLLMENT FORM (DENR)**

ID LABEL
HERE --->

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FORM COMPLETED BY: |_|_|_|_|

VERSION DATE: 10/01/10

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 Cardiovascular Substudy	1	2
WIHS Metabolic Substudy	1	2
WIHS Intensive PK Substudy	1	2
Other substudy	1	2 (#2)

SPECIFY: _____

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: _____

WIHS ID #

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)