

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

ID LABEL  
HERE --->   |\_|-|\_|\_|-|\_|\_|\_|\_|-|\_|

FORM COMPLETED BY:  
\_\_\_\_ \_

VERSION DATE: 04/01/99

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

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.**