

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

A1. WIHS ID # |_| - |_|_| - |_|_|_|_| - |_| A2. VISIT #: A3. VERSION DATE
— — **09/01/95**

A4. FORM COMPLETED BY: A5. DATE FORM COMPLETED/DISENROLLMENT
— — — — — / — — / — —

SECTION B: REASON FOR DISENROLLMENT

B1. REASON FOR DISENROLLMENT (CIRCLE ONE CODE ONLY):

- PARTICIPANT'S DEATH.....1 **(B4)**
- PARTICIPANT'S DECISION TO WITHDRAW2 **(B2)**
- SITE DECISION TO DISENROLL PARTICIPANT.....3 **(B3)**

B2. SPECIFY REASON FOR PARTICIPANT'S WITHDRAWAL FROM WIHS _____ **(END)**

B3. SPECIFY REASON FOR SITE'S DECISION TO DISENROLL THE PARTICIPANT (NON-COMPLIANCE, LOST-TO-FOLLOW-UP, ETC) _____ **(END)**

B4. DATE OF DEATH: M — — / D — — / Y — —

B5. 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)

B6. LOCATION OF DEATH (ADDRESS OF HOSPITAL OR HOSPICE - IF PARTICIPANT DIED AT HOME, ENTER "HOME" ON FORM TO ASSURE CONFIDENTIALITY)
