

**WOMEN'S INTERAGENCY HIV STUDY**  
**MISSED VISIT FORM**

A1. WIHS ID #

-  -  -

A2. MISSED VISIT #:

A3. VERSION DATE  
**08/01/96**

A4. FORM COMPLETED BY:

\_\_\_\_\_

A5. DATE FORM COMPLETED

/  /   
M                      D                      Y

A6. VISIT # FOR LAST WIHS VISIT COMPLETED

\_\_\_\_\_

A7. Type of visit that was missed:

WIHS core visit.....1  
WIHS oral visit only .....2

A8. Strategies employed to contact Participant (**CIRCLE ALL THAT APPLY**):

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	
a. Telephone call(s) to Participant's home .....	1	2 (b)	3 (b)	i. # calls <input type="text"/> <input type="text"/>
b. Telephone call(s) to Participant's place of work .....	1	2 (c)	3 (c)	i. # calls <input type="text"/> <input type="text"/>
c. Letter/postcard(s) sent to Participant .....	1	2 (d)	3 (d)	i. # sent <input type="text"/> <input type="text"/>
d. Registered mail/telegram(s) sent to Participant .....	1	2 (e)	3 (e)	i. # sent <input type="text"/> <input type="text"/>
e. Telephone call(s) to contact individual(s) listed on Locator\NDI Data Collection Form .....	1	2 (f)	3 (f)	i. # calls <input type="text"/> <input type="text"/>
f. Letter(s) sent to contact individual(s) listed on Locator\NDI Data Collection Form .....	1	2 (g)	3 (g)	i. # sent <input type="text"/> <input type="text"/>
g. Telephone call to/contact with health care provider listed on Locator\NDI Data Collection Form .....	1	2 (h)	3 (h)	i. # calls <input type="text"/> <input type="text"/>
h. Letter(s) sent to health care provider listed on Locator\NDI Data Collection Form .....	1	2 (i)	3 (i)	i. # sent <input type="text"/> <input type="text"/>
i. Field visit(s) .....	1	2 (j)	3 (j)	i. # visits <input type="text"/> <input type="text"/>
j. Other .....	1	2 (9)	3 (9)	
<b>(SPECIFY)</b> _____				
_____				
_____				

A9. Date of last contact with Participant:

/  /   
M                      D                      Y

**SECTION B. REASON FOR MISSED VISIT**

B1. Number of appointments made for this study visit (if none, enter "00"):

B2. Unable to contact participant because **(CIRCLE ALL THAT APPLY)**:

- No telephone number .....1
- Wrong telephone number on Locator\NDI Data Collection Form.....2
- Phone call(s)/message(s) not returned.....3
- Phone disconnected .....4
- Mail returned to site, no forwarding address .....5
- Unable to send letter(s)/postcard(s) per Participant’s request .....6
- Mail not returned and no response from Participant .....7
- Mail returned to sender, Participant reported deceased.....8
- No individual(s) listed .....9
- Homeless/no address .....10
- Field staff refused entry to home.....11
- Field staff determined Participant not at address - unable to determine  
where Participant is currently residing .....12
- Other.....13

**(SPECIFY)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B3. Reason for missed visit/appointment(s) **(CIRCLE ALL THAT APPLY)**:

- Unknown .....1 **(END)**
- Unable to contact Participant.....2
- No show for multiple appointments .....3
- Illness of Participant .....4
- Hospitalized.....5
- Moved/relocated.....6
- Incarcerated .....7
- Conflict with other studies and/or study visits .....8
- Family/home problems .....9
- Partner objects to participation.....10
- Illness of family member.....11
- Unable to obtain baby-sitter .....12
- Transportation problems.....13
- Too much time required .....14
- Weather .....15
- Fear of HIV test results .....16
- Fear of AIDS .....17
- Fear of study procedures .....18
- Worries about confidentiality .....19
- Does not wish to participate at this time .....20

**(SPECIFY)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other.....21  
**(SPECIFY)** \_\_\_\_\_  
 \_\_\_\_\_