

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

A1. WIHS
ID #

- - -

A2. MISSED
VISIT #: ___ ___

A3. VERSION DATE
10/01/95

A4. FORM COMPLETED BY:
___ ___ ___

A5. DATE FORM COMPLETED
___ ___ / ___ ___ / ___ ___

A6. VISIT # FOR LAST
WIHS VISIT COMPLETED
___ ___

A7. TYPE OF VISIT THAT WAS MISSED

WIHS CORE VISIT1
 WIHS ORAL VISIT ONLY2

SECTION B. REASON FOR MISSED VISIT

B1. NUMBER OF APPOINTMENTS MADE FOR THIS STUDY
VISIT (IF NONE, ENTER "00"):

B2. REASON FOR MISSED VISIT/APPOINTMENT(S) (**CIRCLE ALL THAT APPLY**):

- UNKNOWN1
- UNABLE TO CONTACT PARTICIPANT2
- DOES NOT WISH TO PARTICIPATE AT THIS TIME3
- ILLNESS OF PARTICIPANT4
- HOSPITALIZED5
- MOVED/RELOCATED6
- INCARCERATED7
- CONFLICT WITH OTHER STUDIES AND/OR STUDY VISITS8
- FAMILY/HOME PROBLEMS9
- PARTNER OBJECTS TO PARTICIPATION10
- ILLNESS OF FAMILY MEMBER11
- UNABLE TO OBTAIN BABY-SITTER12
- TRANSPORTATION PROBLEMS13
- TOO MUCH TIME REQUIRED14
- WEATHER15
- FEAR OF HIV TEST RESULTS16
- FEAR OF AIDS17
- FEAR OF STUDY PROCEDURES18
- WORRIES ABOUT CONFIDENTIALITY19
- OTHER (**SPECIFY**)20
