

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

A1. WIHS ID #  A2. MISSED VISIT #: \_\_\_ A3. VERSION DATE **10/01/98**

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" value="___"/> <input type="text" value="___"/>
b. Telephone call(s) to Participant's place of work .....	1	2 (c)	3 (c)	i. # calls <input type="text" value="___"/> <input type="text" value="___"/>
c. Letter/postcard(s) sent to Participant .....	1	2 (d)	3 (d)	i. # sent <input type="text" value="___"/> <input type="text" value="___"/>
d. Registered mail/telegram(s) sent to Participant.....	1	2 (e)	3 (e)	i. # sent <input type="text" value="___"/> <input type="text" value="___"/>
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" value="___"/> <input type="text" value="___"/>
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" value="___"/> <input type="text" value="___"/>
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" value="___"/> <input type="text" value="___"/>
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" value="___"/> <input type="text" value="___"/>
i. Field visit(s).....	1	2 (j)	3 (j)	i. # visits <input type="text" value="___"/> <input type="text" value="___"/>
j. Other.....	1	2 (9)	3 (9)	
(SPECIFY) _____				
_____				
_____				

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)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_