

**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
- VRS PK core visit only..... 3
- VRS 3-month visit only..... 4

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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
b. Telephone call(s) to Participant's place of work.....	1	2 (c)	3 (c)	i. # calls <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
c. Letter/postcard(s) sent to Participant.....	1	2 (d)	3 (d)	i. # sent <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
d. Registered mail/telegram(s) sent to Participant	1	2 (e)	3 (e)	i. # sent <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
i. Field visit(s).....	1	2 (j)	3 (j)	i. # visits <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
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)** _____
