

**WOMEN'S INTERAGENCY HIV STUDY  
MEDICAL RECORD ABSTRACT CONTROL SHEET**

<b>WIHS ID</b>	<b>COHORT</b>	<b>RPT. @</b>	<b>VIS. DATE</b>	<b>PERIOD OF REVIEW</b>
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<b>NAME OF PRIMARY CARE FACILITY:</b> <b>ADDRESS OF PRIMARY CARE FACILITY:</b>	
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**B. REQUEST TRACKING NOTES**

**C. ABSTRACT INFORMATION**

**C1. ABSTRACT DISPOSITION (circle one code)**

Record Abstracted.....1  
 Record Not Released by Institution...2 (END)  
 No Such Recoird on File.....3 (END)  
 No Outp.Prim.Care.Fac.specified.....4 (END)  
 Participant Refused Record Release ...5(END)

**C2. NIDA FORM ABSTRACTED**

YES ..... 1  
 NO ..... 2

**C3. Were there research study notes/findings within the chart?**

YES ..... 1  
 NO ..... 2

**D. NIDA FORMS SUBMITTED**

FORM #	FORM NAME	EXPECTED	SUBMITTED
NI02	NIDA General Abstraction .....	__ _	__ _
NI03	Pneumonia .....	__ _	__ _
NI04	Pneumonia Episode .....	__ _	__ _
NI05	Diarrhea .....	__ _	__ _