

**WOMEN'S INTERAGENCY HIV STUDY  
PREGNANCY PROTOCOL  
PARTICIPATION NOTIFICATION**

**INSTRUCTIONS:**

The purpose of this form is to track in the Data Management System when a participant is eligible for enrollment into the **Pregnancy Protocol**. This form should be completed for each participant that meets the eligibility criteria for enrollment into the Pregnancy Protocol.

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|\_|-|\_|\_|-|\_|\_|\_|\_|-|\_|

A2. FORM VERSION:

  1     0   /   0     1   /   9     9    
                  M                  D                  Y

A3. FORM COMPLETED BY: \_\_\_\_\_

A4. WIHS CORE VISIT NUMBER AT WHICH THE PARTICIPANT WAS DETERMINED ELIGIBLE FOR THE PROTOCOL:

\_\_\_ \_

A5. METHOD USED TO DETERMINE PREGNANCY PROTOCOL ELIGIBILITY:

- Self-report pregnancy and/or urine test confirmation..... 1
- Self-report termination in last six months ..... 2
- Self-report delivery in last six months..... 3

A6. DATE PARTICIPANT ENROLLED IN PROTOCOL:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
                  M                  D                  Y

A7. DOES PARTICIPANT CONSENT TO ADDITIONAL THIRD TRIMESTER WIHS PREGNANCY VISIT?

- YES ..... 1
- NO ..... 2
- NOT APPLICABLE .....-1

A8. IS PARTICIPANT CO-ENROLLED IN THE WITS?

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

**PROMPT: AFTER COMPLETION OF FORM, HAVE PARTICIPANT SIGN MEDICAL RECORD RELEASE FORM.**

**IF A5 = 1, COMPLETE PR01  
IF A5 = 2 OR 3, COMPLETE PR02**