

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 the pregnancy protocol.

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

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

A2. FORM VERSION:

0 4 / 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 6 months ..... 2
- Self-report delivery in last 6 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

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

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