

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

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A2. FORM VERSION:

0 9 / 0 1 / 9 7
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 urine test confirmation 1
- Self report termination in last 6 months 2
- Self report delivery in last 6 months..... 3

A6. DOES PARTICIPANT CONSENT TO ENROLL IN PREGNANCY PROTOCOL?

- YES.....1
- NO.....2 (END)

A7. DATE PARTICIPANT ENROLLED IN PROTOCOL:

— — / — — / — —
M D Y

If A5 = 1 and A6 = 1, then complete PR01
If A5 = 3 or 4 and A6 = 1, then complete PR02