WOMEN'S INTERAGENCY HIV STUDY
DIRECT DATA ENTRY FORM (DDE)

NOTE: COMPLETION OF THIS FORM IS <u>OPTIONAL</u>. IF COMPLETED, IT SHOULD NOT BE ENTERED INTO APOLLO.

ID LABEL HERE ---> |___| - |___|___| - |___|___|___|___| - |___|

FORM COMPLETED BY: |___|___|___|

VERSION DATE: 0 4 / 0 3 / 1 4

VISIT NUMBER: |___|___|

DATE OF ADMINISTRATION: |___|___| / |___|___| / |___|___|
M D Y

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31. Were there any issues noted during DDE that require follow-up data modification by the DM?

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

32. If YES, then SPECIFY:

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