

**WOMEN'S INTERAGENCY HIV STUDY  
DISENROLLMENT FORM**

ID LABEL  
HERE --->

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FORM COMPLETED BY:

\_\_\_\_ \_

VERSION DATE: 04/01/04

VISIT NUMBER: \_\_\_\_\_

DATE OF THIS REPORT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

1. Disenrollment type (circle all that apply):

	<u>YES</u>	<u>NO</u>
WIHS Core.....	1	2
WIHS Oral Substudy.....	1	2
WIHS NIDA HCU Study.....	1	2
WIHS NIDA Immunology/Virology Substudy.....	1	2
Viral Resistance Substudy (VRS).....	1	2
WIHS Anal Substudy.....	1	2
WIHS Cardiovascular Substudy.....	1	2

2. Reason for Disenrollment (circle one code only):

- Participant's death..... 1 (#3)
- Participant's decision to withdraw..... 2 (#6)
- Site decision to disenroll participant..... 3 (#7)

3. Date of participant's death:

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

4. Source of initial information about death (circle yes or no for each):

	<u>YES</u>	<u>NO</u>
a. Report of family/friends.....	1	2
b. Hospital.....	1	2
c. Death certificate search.....	1	2
d. Obituary notice.....	1	2
e. Report from health care provider or social service provider.....	1	2
f. AIDS surveillance.....	1	2
g. Other source.....	1	2

Specify: \_\_\_\_\_

WIHS ID #

5a. Location of participant's death:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5b. City or county of participant's death:

\_\_\_\_\_ **(END)**

6. Reason for participant's withdrawal:

Specify: \_\_\_\_\_ **(END)**

7. Reason for site's decision to disenroll:

Specify: \_\_\_\_\_ **(END)**