

**WOMEN'S INTERAGENCY HIV STUDY
DISENROLLMENT FORM (DENR)**

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

FORM COMPLETED BY: |_|_|_|_|

VERSION DATE: 1 0 / 0 1 / 1 1

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 Cardiovascular Substudy	1	2
WIHS Metabolic Substudy	1	2
WIHS Intensive PK Substudy	1	2
Other substudy	1	2 (#2)

SPECIFY: _____

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)
Deactivation for WIHS-V (Brooklyn only)	4 (#8)

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. SSDI search	1	2
h. NDI match	1	2
i. 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: _____ (#8)

7. Reason for site's decision to disenroll:
SPECIFY: _____ (#8)

8. Registry follow-up permitted?
YES..... 1
NO 2