

**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)
Deactivated, too far to travel .....	5 (#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