

**WOMEN'S INTERAGENCY HIV STUDY
MISSED VISIT FORM**

A1. WIHS ID # A2. MISSED VISIT #: A3. VERSION DATE **10/01/14**

A4. FORM COMPLETED BY: A5. DATE FORM COMPLETED //
M D Y A6. VISIT # FOR LAST WIHS VISIT COMPLETED

A7. Type of visit that was missed:

WIHS core visit.....1

A8. Strategies employed to contact Participant (**CIRCLE YES FOR ALL THAT APPLY**):

	<u>YES</u>	<u>NO</u>	<u>N/A</u>	
a. Telephone call(s) to Participant's home	1	2 (b)	3 (b)	i. # calls <input style="width: 30px;" type="text"/>
b. Telephone call(s) to Participant's place of work.....	1	2 (c)	3 (c)	i. # calls <input style="width: 30px;" type="text"/>
c. Letter/postcard(s) sent to Participant.....	1	2 (d)	3 (d)	i. # sent <input style="width: 30px;" type="text"/>
d. Registered mail/telegram(s) sent to Participant.....	1	2 (e)	3 (e)	i. # sent <input style="width: 30px;" type="text"/>
e. Telephone call(s) to contact individual(s) listed on Locator\NDI Data Collection Form	1	2 (f)	3 (f)	i. # calls <input style="width: 30px;" type="text"/>
f. Letter(s) sent to contact individual(s) listed on Locator\NDI Data Collection Form	1	2 (g)	3 (g)	i. # sent <input style="width: 30px;" type="text"/>
g. Telephone call to/contact with health care provider listed on Locator\NDI Data Collection Form	1	2 (h)	3 (h)	i. # calls <input style="width: 30px;" type="text"/>
h. Letter(s) sent to health care provider listed on Locator\NDI Data Collection Form	1	2 (i)	3 (i)	i. # sent <input style="width: 30px;" type="text"/>
i. Field visit(s).....	1	2 (j)	3 (j)	i. # visits <input style="width: 30px;" type="text"/>
j. Searched SSDI.....	1	2	3	
k. Other.....	1	2 (A9)	3 (A9)	

(SPECIFY) _____

A9. Date of last contact with Participant: //
M D Y

SECTION B. REASON FOR MISSED VISIT

B1. Number of appointments made for this study visit (if none, enter "00"):

B2. Unable to contact participant because (CIRCLE ALL THAT APPLY, ENTER "0" (ZERO) FOR THOSE THAT DON'T APPLY):

- a. No telephone number1
- b. Wrong telephone number on Locator\NDI Data Collection Form.....2
- c. Phone call(s)/message(s) not returned.....3
- d. Phone disconnected4
- e. Mail returned to site, no forwarding address.....5
- f. Unable to send letter(s)/postcard(s) per Participant's request6
- g. Mail not returned and no response from Participant7
- h. Mail returned to sender, Participant reported deceased.....8
- i. No individual(s) listed9
- j. Homeless/no address10
- k. Field staff refused entry to home.....11
- l. Field staff determined Participant not at address - unable to determine where Participant is currently residing12
- m. Other.....13

SPECIFY: _____

B3. Reason for missed visit/appointment(s) (CIRCLE ALL THAT APPLY; ENTER "0" (ZERO) FOR THOSE THAT DON'T APPLY):

- a. Unknown1 (END)
- b. Unable to contact Participant2
- c. No show for multiple appointments3
- d. Illness of Participant4

SPECIFY: _____

- e. Hospitalized.....5
- f. Moved/relocated6
- g. Incarcerated7
- h. Conflict with other studies and/or study visits8
- i. Family/home problems.....9
- j. Partner objects to participation.....10
- k. Illness of family member.....11
- l. Unable to obtain baby-sitter12
- m. Transportation problems.....13
- n. Too much time required14
- o. Weather15
- p. Fear of HIV test results16
- q. Fear of AIDS17
- r. Fear of study procedures18
- s. Worries about confidentiality19
- t. Does not wish to participate at this time20

SPECIFY: _____

WIHSID:

B3. Reason for missed visit/appointment(s) (CIRCLE ALL THAT APPLY; ENTER "0" (ZERO) FOR THOSE THAT DON'T APPLY):

u. Temporary physical impairment that prevents visit participation22

SPECIFY: _____

v. Permanent physical impairment that prevents visit participation.....23

SPECIFY: _____

w. Temporary cognitive impairment that prevents visit participation24

SPECIFY: _____

x. Permanent cognitive impairment that prevents visit participation25

SPECIFY: _____

y. Temporary mental health disorder that prevents visit participation26

SPECIFY: _____

z. Permanent mental health disorder that prevents visit participation.....27

SPECIFY: _____

aa. Other21

SPECIFY: _____

B4. From whom was reason for missed visit obtained?

- PARTICIPANT1
- PARTICIPANT'S FAMILY MEMBER2
- PARTICIPANT'S FRIEND3
- HEALTH CARE PROFESSIONAL OR SOCIAL WORKER4
- UNKNOWN OR OTHER5