WOMEN'S INTERAGENCY HIV STUDY

ASCERTAINMENT TRACKING CHECKLIST (ATC)

A1. WIHS ID NUMBER: |__| - |__|__| - |__|__|__|__| - |__|

A2. WIHS STUDY VISIT #: ____ ____

A3. FORM VERSION: 10/01/98

A4. FORM COMPLETED BY: ____ ____ ____

A5. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES..... 1
NO..... 2

A6. <u>INSTRUCTIONS</u>: USE AS A CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION FROM SELF-REPORTED CONDITIONS

a. SELF-REPORTED CONDITION	b. FORM & QUESTION NUMBER	c. DATE OF FIRST DIAGNOSIS SINCE (MONTH) STUDY VISIT	d. NAME OF PROVIDER AND ADDRESS OF THE INSTITUTION