WOMEN'S INTERAGENCY HIV STUDY

ASCERTAINMENT TRACKING CHECKLIST (ATC)

A1. WIHS ID NUMBER: |___| - |___|___| - |___|___|___|___| - |___| A2. WIHS STUDY VISIT #: |___|___|

A3. FORM VERSION: **1 0 / 0 1 / 0 7** A4. FORM COMPLETED BY: |___|___|___|

A9. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES 1
NO 2

A10. <u>INTERVIEWER INSTRUCTIONS:</u> Use checklist during administration of the interview to indicate whether to collect further information about self-reported conditions. At bottom of page clearly document date and facility of all self-reported conditions. Multiple episodes of an event must be clearly delineated on the ATC. <u>Collect medical record release form for shaded events.</u>

BASELINE AND FOLLOW-UP EVENTS (from F20 / F22HX)

☐	C0/1a	Cervical cancer	☐	C9/10	Skin cancer	☐	C21	TB
☐	C2/3	Breast cancer	☐	C10/11	Liver cancer	☐	C21a	TB in lungs
☐	C3/4	Cancer of the ovary	☐	C11/12	Lung cancer	☐	C21b	TB other part of body
☐	C4/5	Cancer of the uterus	☐	C12/13	Other cancer*	☐	C21c	TB – Chest X-ray
☐	C5/6	Kaposi's sarcoma	☐	C14/15c	Cancer – Metastatic	☐	C21d	TB meds 3 mo or more
☐	C6/7	Lymphoma	☐	C14/15e	Cancer – Metastatic	☐	C22b	TB – Positive skin test
☐	C7/8	Lymphoma in brain	☐	C15/16c	Cancer – Metastatic	☐	C38	Liver biopsy
☐	C8/9	Hodgkin's disease	☐	C15/16e	Cancer – Metastatic	☐	D13c	Hysterectomy due to cancer

BASELINE EVENTS (from SCR / TBBL)

☐	B5	Kaposi's sarcoma	☐	B14	Candida (lung / airways)	☐	B20	Histoplasmosis
☐	B6	NHL	☐	B15	M-A-I, M-A-C, MAC	☐	B21	Coccidiodomycosis
☐	B8	Herpes (lungs, esophagus)	☐	B16	Toxo	☐	B22a	Wasting – diarrhea
☐	B10a	Diarrhea – Cryptosporidia	☐	B17a	CMV retinitis	☐	B22b	Wasting – weakness/fever
☐	B10b	Diarrhea – Microsporidia	☐	B17b	CMV in blood	☐	B22c	Wasting – due to HIV/AIDS
☐	B10c	Diarrhea – Isospora	☐	B17c	CMV in intestine	☐	B23	HIV dementia
☐	B10d	Diarrhea – C-M-V	☐	B17d	CMV in liver	☐	B24	Salmonella
☐	B10e	Diarrhea – M-A-I	☐	B17e	CMV elsewhere in body	☐	B25	PML
☐	B11	PCP	☐	B18a	Cryptococcal meningitis	☐	B26a/ A7a	Positive TB test
☐	B12a	Bacterial pneumonia	☐	B19a	Crypto in blood	☐	B26b/ A7b	TB
☐	B13	Candida (esophagus)	☐	B19b	Crypto elsewhere in body			

b. REPORTED CONDITION	c. FORM & Q#	d. DATE OF DX	e. PROVIDER NAME & INSTITUTION

TURN FORM OVER TO COMPLETE ACSR ATC→

WOMEN'S INTERAGENCY HIV STUDY
ACSR (AIDS CANCER & SPECIMEN RESOURCE) ATC

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

A2. WIHS STUDY VISIT #: ____ ____

A3. FORM VERSION: **1 0 / 0 1 / 0 7**

A4. FORM COMPLETED BY: ____ ____ ____

A9. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES 1
NO 2

* COLLECT MEDICAL RECORD RELEASE FOR ALL BIOPSIES.

A10. <u>INTERVIEWER INSTRUCTIONS:</u> USE CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHETHER TO COLLECT FURTHER INFORMATION ABOUT SELF-REPORTED BIOPSIES. CLEARLY DOCUMENT DATE AND FACILITY OF ALL SELF-REPORTED BIOPSIES.

	b. REPORTED BIOPSY	c. FORM & Q#	d. DATE OF BX	e. PROVIDER NAME & INSTITUTION
☐	Liver biopsy *	F22HX, C38		
☐	Lung biopsy *	F22HX, E23a		
☐	Skin Biopsy *	F22HX, E23b		
☐	Bone Marrow Biopsy *	F22HX, E23c		
☐	Cervical Biopsy *	F22HX, E23d		
☐	Uterine/Endometrial Biopsy	F22HX, E23e		
☐	Breast Biopsy *	F22HX, E23f		
☐	Other Biopsy *	F22HX, E23g		

A11. HAS PARTICIPANT REPORTED ANY BIOPSIES?

YES.....1
NO.....2 **(END)**

a. DID PARTICIPANT SIGN AN ACSR INFORMED CONSENT FORM?

YES.....1 **(END)**
NO.....2

b. IF NO, SPECIFY WHY NOT? _____