

WOMEN'S INTERAGENCY HIV STUDY
QUESTION BY QUESTION SPECIFICATIONS
CANCER REGISTRY CASE REPORT

This form is to be completed for each WIHS participant who is located as a cancer case in a cancer registry.

Enter the participant ID number or affix the appropriate ID label in the space provided.

The form version is pre-printed. Be sure that you are using a current version (05/20/99) and that all unused, outdated versions have been discarded.

Enter the date on which the form is being completed (MM/DD/YY).

Record the initials of the person completing the form (first, middle, last).

1. Write in the reporting state.
2. Record the primary site code (SITE).
3. Record the histology type code (HIST-TYPE).
4. Circle the histology behavior code (HIST-BEHAVIOR).
5. Circle the histology grade/differentiation code (HIST-GRADE).
6. Date of diagnosis (DATE-DX; CC/YY/MM/DD). Please record on form in the following format: MM/DD/YYYY.
7. Circle the summary stage code (SUM-STAGE).

FOR CALIFORNIA REGISTRY ONLY:

8. Circle the diagnostic confirmation code (DX-CONF).

FOR ALL REGISTRIES:

9. Circle the vital status code (VITAL-STATUS).
10. Circle the tumor status code (TUM-STATUS).

End the form here.