

**WOMEN'S INTERAGENCY HIV STUDY
BASELINE VISIT
ABSTRACT TRACKING CHECKLIST**

AFFIX ID LABEL HERE --->

- A1. PARTICIPANT ID: - - -
- A2. WIHS STUDY VISIT #:
- A3. FORM VERSION: 0 8 / 1 5 / 9 4
- A4. FORM COMPLETED BY:
- A5. HAS THE PARTICIPANT SIGNED A MEDICAL RECORD RELEASE?

YES 1
NO 2

INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO COLLECT FURTHER INFORMATION FOR MEDICAL RECORD ABSTRACTION.

a. FORM & QUESTION NUMBER (S)	b. DATE OF FIRST DIAGNOSIS	c. NAME AND ADDRESS OF THE INSTITUTION
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FORM 2 - MEDICAL AND HEALTH HISTORY

<input type="checkbox"/> C1 - CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C2. - CERVICAL CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C3 - KAPOSIS'S SARCOMA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C4 -LYMPHOMA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C5 - LYMPHOMA BRAIN	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C6 -HODGKINS DISEASE	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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<input type="checkbox"/> C7 - BREAST CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C8 - OVARIAN CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C9 - ENDOMETRIAL CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C10 - SKIN CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C11 - OTHER CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C16 - TB	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C16a - TB IN LUNGS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C16b - TB OTHR PART OF THE BODY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="checkbox"/> C17b- POSITIVE TB SKIN TEST	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

WIHS ID#

a.
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NAME AND ADDRESS OF THE
INSTITUTION

C18gi. MAJOR CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18gii. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18giii. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18giv. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18gv. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18gvi. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18gvii. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

C18gviii. MAJ. CHRONIC
ILLNESSES

___ / ___ / ___
M D Y

E1 - CD4 < 200 OR
14%

___ / ___ / ___
M D Y

E2 - PCP

___ / ___ / ___
M D Y

E3 - OTHER TYPE
PNEUMONIA

___ / ___ / ___
M D Y

E4 - CANDIDA/THRUSH

WIHS ID#

[Empty box for WIHS ID#]

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ESOPHAGUS

___ / ___ / ___
M D Y

E5 - CANDIDA/THRUSH
TRACH/BRONCHI

___ / ___ / ___
M D Y

E6 - MAI/MAC

___ / ___ / ___
M D Y

E7 - TOXO INFECTION

___ / ___ / ___
M D Y

E8 - CMV RETINITIS

___ / ___ / ___
M D Y

E9 - CMV/ELSEWHERE
IN BODY

___ / ___ / ___
M D Y

E10 - SEVERE DIARRHEA

___ / ___ / ___
M D Y

E10ai - CRYPTOSPOR-
IDIA

___ / ___ / ___
M D Y

E10aii - MICROSPOR -
IDIA

___ / ___ / ___
M D Y

E10aiii - ISOSPORA

___ / ___ / ___
M D Y

E10aiv - CMV

___ / ___ / ___
M D Y

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E10av - MAI

___ / ___ / ___
M D Y

E11 - CRYPTO
MENINGITIS

___ / ___ / ___
M D Y

E12 - CRYPTO IN BODY

___ / ___ / ___
M D Y

E13 - HISTOPLASMOSIS

___ / ___ / ___
M D Y

E14 - COCCI

___ / ___ / ___
M D Y

E15 - WASTING
SYNDROME

___ / ___ / ___
M D Y

E16 -DEMENTIA/
ENCEPHALOPATHY

___ / ___ / ___
M D Y

E17 - HERPES/ULCERS>1
MONTH

___ / ___ / ___
M D Y

E18 - HERPES SIMPLEX
OF LUNGS

___ / ___ / ___
M D Y

E19 - SALMONELLA

___ / ___ / ___
M D Y

E20 - PML

___ / ___ / ___
M D Y

E21 - AIDS

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___ ___ / ___ ___ / ___ ___
M D Y

E22i - HOSPITALIZA-
TION (1)

___ ___ / ___ ___ / ___ ___
M D Y

E22ii - HOSPITALIZA-
TION (2)

___ ___ / ___ ___ / ___ ___
M D Y

E22iii - HOSPITALIZA-
TION (3)

___ ___ / ___ ___ / ___ ___
M D Y

E22iv - HOSPITALIZA-
TION (4)

___ ___ / ___ ___ / ___ ___
M D Y

E22v - HOSPITALIZA-
TION (5)

___ ___ / ___ ___ / ___ ___
M D Y

E22vi - HOSPITALIZA-
TION (6)

___ ___ / ___ ___ / ___ ___
M D Y

E22vii - HOSPITALIZA-
TION (7)

___ ___ / ___ ___ / ___ ___
M D Y

E22viii - HOSPITALIZA-
TION (8)

___ ___ / ___ ___ / ___ ___
M D Y

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FORM 3 - OBSTETRICS, GYNECOLOGY, AND CONTRACEPTIVE HISTORY

B17c - CANCER - REASON
HYSTERECTOMY

___ / ___ / ___
M D Y

F8c - BREAST CANCER

___ / ___ / ___
M D Y

FORM 7 - PHYSICAL EXAM

E9 - MASTECTOMY

___ / ___ / ___
M D Y