WIHS MEDICAL RECORD ABSTRACTION FORM
ESOPHAGEAL CANDIDIASIS

FORM M8
FORM VERSION 04/15//96

RECORD NUMBER: |__|__|__|__|__|__|__|

WIHS ID NUMBER: |__|-|__|__|-|__|__|__|__|-|__|

SEQUENCE
FORM # ____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:
____ ____/____ ____/____ ____
M D Y

ABSTRACTOR'S INITIALS:
|____|____|____|

PROMPT:	**IF ENDOSCOPY PERFORMED, COMPLETE FORM CA3** **IF BIOPSY OBTAINED, COMPLETE FORM CA4** **IF CULTURE PERFORMED, COMPLETE FROM CA5**

A1. Date of abstraction ____ ____/____ ____/____ ____
M D Y

SECTION B:

		YES	NO
B1.	Endoscopy consistent with esophageal candidiasis?	1 **(END)**	2
B2.	Documented history of retrosternal pain on swallowing or dysphagia?	1	2 **(C1)**

B2a. Onset/duration of symptom .....|___| |___| **(Round up to the nearest week AND SKIP TO D1)**
# of weeks

SECTION C: DIAGNOSTIC IMAGING/RADIOLOGY

		YES	NO
C1.	Barium swallow report consistent with esophageal candidiasis?	1	2 **(END)**

C1a. Date: (One month after admission) ____ ____/____ ____/____ ____
M D Y

SECTION D: CLINICAL

D1. Response to antifungals noted?

Yes 1
No.....2
Not recorded.....3