

CLINICAL OUTCOME REPORTING FORM

ID LABEL
HERE --->

Grid for ID label: 12 boxes with dashes at positions 3, 6, and 9.

FORM COMPLETED BY:

Three blank lines for signature.

VERSION DATE: 04/01/99

DATE OF THIS REPORT: ___/___/___ M D Y

EVENT TRACKING NUMBER: (from ACS) ___-___-___-___-___-___-___

REASON FOR STATUS CHANGE (circle all that apply):

- a. AIDS diagnosis Complete sections A & B1
b. Malignancy Complete sections A & B2
c. Tuberculosis Complete sections A & B3
d. Mortality Complete sections A & C4

WIHS ID #

SECTION A. SOURCE OF INFORMATION

A1. SOURCE OF INFORMATION – *Circle ONE source of information for this event. If there are multiple sources of information, complete additional CORE Forms.*

Medical Records:

- a. Copy on file1
- b. Copy not on file/Abstracted2

Death Certificate.....4

Autopsy.....5

Registry Sources:

- a. AIDS Registry6

Source: _____

- b. Cancer Registry7

Source: _____

- c. TB Registry8

Source: _____

- d. Death Registry9

Source: _____

Other Source10

Source: _____

PROMPT: IF SOURCE OF INFORMATION IS REGISTRY MATCH (A1 = 6, 7, 8 OR 9), COMPLETE A2 BELOW. OTHERWISE, SKIP TO SECTION B.

A2. Registry Search Criteria (circle one):

- a. Whole cohort 1
- b. HIV+..... 2
- c. Medical release and self-report 3
- d. Medical release only..... 4

WIHS ID #

e. Other.....5

Specify: _____

SECTION B. CLINICAL DIAGNOSIS
Complete a separate CORE Form for each unique diagnosis.

B1. Date of Diagnosis (*If date of diagnosis is unknown, check the box to indicate it is missing.*)

____/____/____ Missing
M D Y

B2. Disease (*Print diagnosis.*) _____

B3. Disease Code (*See Manual of Operations, Section 11, for list of disease codes.*) _____

B4. Method(s) of Diagnosis (*Circle the code(s) for up to THREE methods of diagnosis.*)

- Histology at biopsy 1
- Necropsy 2
- Cytology..... 3
- Culture 4
- Serology 5
- Clinical Diagnosis 6
- Radiology (MRI, imaging, etc.)..... 7
- No confirmation/clinician report..... 8
- Reported on death certificate 9
- Unknown, other diagnosis-9

B5. Confidence (*“Indeterminate” should be circled if B4 = 8 or 9. See CORE Form QxQs.*)

- Definitive 1
- Presumptive 2
- Indeterminate 3

WIHS ID #

SECTION C. INFORMATION RELEVANT TO DEATH

Complete all items in this section.

C1. Date of death: *If date of death is unknown, check the box to indicate it is missing.*

____ / ____ / ____ Missing
 M D Y

C2. Source of initial information about death (circle yes or no for each):

	<u>YES</u>	<u>NO</u>
a. Report of family/friends	1	2
b. Hospital	1	2
c. Death certificate search.....	1	2
d. Obituary notice	1	2
e. Report from health care provider or social service provider	1	2
f. AIDS surveillance.....	1	2
g. Other source.....	1	2

Specify: _____

C3. Place of Death (circle one):

- Hospital (Inpatient).....1
- ER/Outpatient.....2
- Nursing Home
- Hospice/Extended Care Facility
- Residence.....5
- Other location

Specify: _____

C4. Location of Death:

- a. County: _____ b. City: _____
- c. State: _____ d. Country: _____

C5. Manner of Death (circle one):

- Natural.....1
- Accident.....2
- Suicide.....3
- Homicide
- Pending investigation
- Could not be determined
- Not stated on certificate.....7

WIHS ID #

C6. ...Causes of death: *If causes of death are unknown, list as "unknown."*

		<u>ICD CODE</u> (if available)	
		<u>Character Prefix</u> (if applicable)	<u>Numeric Code</u>
<u>Condition</u> (print diagnosis)			
Immediate Cause:	_____	---	----- . -----
Underlying Cause(s):	(a) _____	---	----- . -----
	(b) _____	---	----- . -----
	(c) _____	---	----- . -----
	(d) _____	---	----- . -----
	(e) _____	---	----- . -----
	(f) _____	---	----- . -----
	(g) _____	---	----- . -----
Other Significant Conditions:	(a) _____	---	----- . -----
	(b) _____	---	----- . -----
	(c) _____	---	----- . -----
	(d) _____	---	----- . -----
	(e) _____	---	----- . -----
	(f) _____	---	----- . -----
	(g) _____	---	----- . -----

C7. ...Autopsy performed:

- Yes 1
- No 2
- Don't know-8