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>

☐	C1a	Cervical cancer	☐	C20d	TB meds 3 mo or more	☐	E9	Candida trach/bronchi
☐	C3	Breast cancer	☐	C21b	TB – Positive skin test	☐	E10	MAI / MAC
☐	C4	Cancer of the ovary	☐	C38	Liver biopsy	☐	E11	Toxoplasmosis
☐	C5	Cancer of the uterus				☐	E12a	CMV Retinitis
☐	C6	Kaposi's sarcoma	☐	C42ai	Angina/chest pain hosp.	☐	E12b	CMV – Blood
☐	C7	Lymphoma	☐	C42bi	CHF hospitalization	☐	E12c	CMV – GI tract
☐	C8	Lymphoma in brain	☐	C42c	Heart attack or MI	☐	E12d	CMV Hepatitis
☐	C9	Hodgkin's disease	☐	C42d	Stroke or CVA	☐	E12e	CMV – elsewhere in body
☐	C10	Skin cancer	☐	C42e	TIA or mini-stroke	☐	E13	Meningitis
☐	C11	Liver cancer	☐	C44a	Surgery on heart vessels	☐	E13a	Cryptococcal Meningitis
☐	C12	Other cancer*	☐	E4i	Diarrhea–Cryptosporidia	☐	E14a	Crypto. infection of blood
☐	C14c	Cancer – Metastatic	☐	E4ii	Diarrhea–Microsporidia	☐	E14b	Crypto. infection elsewhere
☐	C14e	Cancer – Metastatic	☐	E4iii	Diarrhea – Isospora	☐	E15	Histoplasmosis
☐	C15c	Cancer – Metastatic	☐	E4iv	Diarrhea – CMV	☐	E16	Coccidioidomycosis
☐	C15e	Cancer – Metastatic	☐	E4v	Diarrhea – MAI	☐	E17	Wasting syndrome
☐	C20	TB	☐	E5	Herpes Simplex of lungs	☐	E18	Dementia
☐	C20a	TB in lungs	☐	E6	PCP	☐	E19	Salmonella
☐	C20b	TB other part of body	☐	E7	Bacterial Pneumonia	☐	E20	PML
☐	C20c	TB – Chest X-ray	☐	E8	Candida esophagus			

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
☐	Lung biopsy *	E23a		
☐	Skin Biopsy *	E23b		
☐	Bone Marrow Biopsy *	E23c		
☐	Cervical Biopsy *	E23d		
☐	Uterine/Endometrial Biopsy	E23e		
☐	Breast Biopsy *	E23f		
☐	Other Biopsy *	E23g		