

**WOMEN'S INTERAGENCY HIV STUDY
ASCERTAINMENT TRACKING CHECKLIST (ATC)**

A1. WIHS ID NUMBER: |_| - |_|_| - |_|_|_|_| - |_|

A2. WIHS STUDY VISIT #: _____

A3. FORM VERSION: **10/01/07**

A4. FORM COMPLETED BY: _____

A9. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES 1

NO 2

A10. INTERVIEWER INSTRUCTIONS: 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. COLLECT MEDICAL RECORD RELEASE FORM FOR SHADED EVENTS.

- | | | |
|--|--|---|
| <input type="checkbox"/> C1a Cervical cancer
<input type="checkbox"/> C3 Breast cancer
<input type="checkbox"/> C4 Cancer of the ovary
<input type="checkbox"/> C5 Cancer of the uterus
<input type="checkbox"/> C6 Kaposi's sarcoma
<input type="checkbox"/> C7 Lymphoma
<input type="checkbox"/> C8 Lymphoma in brain
<input type="checkbox"/> C9 Hodgkin's disease
<input type="checkbox"/> C10 Skin cancer
<input type="checkbox"/> C11 Liver cancer
<input type="checkbox"/> C12 Other cancer*
<input type="checkbox"/> C14c Cancer – Metastatic
<input type="checkbox"/> C14e Cancer – Metastatic
<input type="checkbox"/> C15c Cancer – Metastatic
<input type="checkbox"/> C15e Cancer – Metastatic
<input type="checkbox"/> C20 TB
<input type="checkbox"/> C20a TB in lungs
<input type="checkbox"/> C20b TB other part of body
<input type="checkbox"/> C20c TB – Chest X-ray | <input type="checkbox"/> C20d TB meds 3 mo or more
<input type="checkbox"/> C21b TB – Positive skin test
<input type="checkbox"/> C38 Liver biopsy

<input type="checkbox"/> C42ai Angina/chest pain hosp.
<input type="checkbox"/> C42bi CHF hospitalization
<input type="checkbox"/> C42c Heart attack or MI
<input type="checkbox"/> C42d Stroke or CVA
<input type="checkbox"/> C42e TIA or mini-stroke
<input type="checkbox"/> C44a Surgery on heart vessels
<input type="checkbox"/> E4i Diarrhea–Cryptosporidia
<input type="checkbox"/> E4ii Diarrhea–Microsporidia
<input type="checkbox"/> E4iii Diarrhea – Isospora
<input type="checkbox"/> E4iv Diarrhea – CMV
<input type="checkbox"/> E4v Diarrhea – MAI
<input type="checkbox"/> E5 Herpes Simplex of lungs
<input type="checkbox"/> E6 PCP
<input type="checkbox"/> E7 Bacterial Pneumonia
<input type="checkbox"/> E8 Candida esophagus | <input type="checkbox"/> E9 Candida trach/bronchi
<input type="checkbox"/> E10 MAI / MAC
<input type="checkbox"/> E11 Toxoplasmosis
<input type="checkbox"/> E12a CMV Retinitis
<input type="checkbox"/> E12b CMV – Blood
<input type="checkbox"/> E12c CMV – GI tract
<input type="checkbox"/> E12d CMV Hepatitis
<input type="checkbox"/> E12e CMV – elsewhere in body
<input type="checkbox"/> E13 Meningitis
<input type="checkbox"/> E13a Cryptococcal Meningitis
<input type="checkbox"/> E14a Crypto. infection of blood
<input type="checkbox"/> E14b Crypto. infection elsewhere
<input type="checkbox"/> E15 Histoplasmosis
<input type="checkbox"/> E16 Coccidioidomycosis
<input type="checkbox"/> E17 Wasting syndrome
<input type="checkbox"/> E18 Dementia
<input type="checkbox"/> E19 Salmonella
<input type="checkbox"/> E20 PML |
|--|--|---|

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: **10/01/07**

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. INTERVIEWER INSTRUCTIONS: 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
<input type="checkbox"/>	Lung biopsy *	E23a		
<input type="checkbox"/>	Skin Biopsy *	E23b		
<input type="checkbox"/>	Bone Marrow Biopsy *	E23c		
<input type="checkbox"/>	Cervical Biopsy *	E23d		
<input type="checkbox"/>	Uterine/Endometrial Biopsy	E23e		
<input type="checkbox"/>	Breast Biopsy *	E23f		
<input type="checkbox"/>	Other Biopsy *	E23g		

A11. HAS PARTICIPANT REPORTED ANY BIOPSIES?

YES 1
NO 2 (END)

a. DID PARTICIPANT SIGN AN ACSR INFORMED CONSENT FORM?

YES 1 (END)
NO 2

b. IF NO, SPECIFY WHY NOT? _____