

**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. 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.

BASELINE AND FOLLOW-UP EVENTS (from F20 / F22HX)

| | | |
|---|---|---|
| <input type="checkbox"/> C0/1a Cervical cancer | <input type="checkbox"/> C11/12 Lung cancer | <input type="checkbox"/> C21d TB meds 3 mo or more |
| <input type="checkbox"/> C2/3 Breast cancer | <input type="checkbox"/> C12/13 Other cancer* | <input type="checkbox"/> C22b TB – Positive skin test |
| <input type="checkbox"/> C3/4 Cancer of the ovary | <input type="checkbox"/> C14/15c Cancer – Metastatic | <input type="checkbox"/> C38 Liver biopsy |
| <input type="checkbox"/> C4/5 Cancer of the uterus | <input type="checkbox"/> C14/15e Cancer – Metastatic | <input type="checkbox"/> C42ai Angina/chest pain hosp. |
| <input type="checkbox"/> C5/6 Kaposi's sarcoma | <input type="checkbox"/> C15/16c Cancer – Metastatic | <input type="checkbox"/> C42bi CHF hospitalization |
| <input type="checkbox"/> C6/7 Lymphoma | <input type="checkbox"/> C15/16e Cancer – Metastatic | <input type="checkbox"/> C42c Heart attack or MI |
| <input type="checkbox"/> C7/8 Lymphoma in brain | <input type="checkbox"/> C21 TB | <input type="checkbox"/> C42d Stroke or CVA |
| <input type="checkbox"/> C8/9 Hodgkin's disease | <input type="checkbox"/> C21a TB in lungs | <input type="checkbox"/> C42e TIA or mini-stroke |
| <input type="checkbox"/> C9/10 Skin cancer | <input type="checkbox"/> C21b TB other part of body | <input type="checkbox"/> C44a Surgery on heart vessels |
| <input type="checkbox"/> C10/11 Liver cancer | <input type="checkbox"/> C21c TB – Chest X-ray | <input type="checkbox"/> D13c Hysterectomy due to cancer |

BASELINE EVENTS (from SCR / TBBL)

| | | |
|--|---|--|
| <input type="checkbox"/> B5 Kaposi's sarcoma | <input type="checkbox"/> B14 Candida (lung / airways) | <input type="checkbox"/> B20 Histoplasmosis |
| <input type="checkbox"/> B6 NHL | <input type="checkbox"/> B15 M-A-I, M-A-C, MAC | <input type="checkbox"/> B21 Coccidiomycosis |
| <input type="checkbox"/> B8 Herpes (lungs, esophagus) | <input type="checkbox"/> B16 Toxo | <input type="checkbox"/> B22a Wasting – diarrhea |
| <input type="checkbox"/> B10a Diarrhea – Cryptosporidia | <input type="checkbox"/> B17a CMV retinitis | <input type="checkbox"/> B22b Wasting – weakness/fever |
| <input type="checkbox"/> B10b Diarrhea – Microsporidia | <input type="checkbox"/> B17b CMV in blood | <input type="checkbox"/> B22c Wasting – due to HIV/AIDS |
| <input type="checkbox"/> B10c Diarrhea – Isospora | <input type="checkbox"/> B17c CMV in intestine | <input type="checkbox"/> B23 HIV dementia |
| <input type="checkbox"/> B10d Diarrhea – C-M-V | <input type="checkbox"/> B17d CMV in liver | <input type="checkbox"/> B24 Salmonella |
| <input type="checkbox"/> B10e Diarrhea – M-A-I | <input type="checkbox"/> B17e CMV elsewhere in body | <input type="checkbox"/> B25 PML |
| <input type="checkbox"/> B11 PCP | <input type="checkbox"/> B18a Cryptococcal meningitis | <input type="checkbox"/> B26a/A7a Positive TB test |
| <input type="checkbox"/> B12a Bacterial pneumonia | <input type="checkbox"/> B19a Crypto in blood | <input type="checkbox"/> B26b/A7b TB |
| <input type="checkbox"/> B13 Candida (esophagus) | <input type="checkbox"/> B19b Crypto elsewhere in body | |

| 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"/> | Liver biopsy * | F22HX, C38 | | |
| <input type="checkbox"/> | Lung biopsy * | F22HX, E23a | | |
| <input type="checkbox"/> | Skin Biopsy * | F22HX, E23b | | |
| <input type="checkbox"/> | Bone Marrow Biopsy * | F22HX, E23c | | |
| <input type="checkbox"/> | Cervical Biopsy * | F22HX, E23d | | |
| <input type="checkbox"/> | Uterine/Endometrial Biopsy | F22HX, E23e | | |
| <input type="checkbox"/> | Breast Biopsy * | F22HX, E23f | | |
| <input type="checkbox"/> | Other Biopsy * | F22HX, 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? _____