

WIHS ID #

[Empty box for 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 Certificate4

Autopsy5

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):

- Whole cohort 1
- HIV+ 2
- Medical release and self-report 3
- Medical release only 4
- Other 5

Specify: _____

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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.*)

|_|_|/|_|_|/|_|_|
M D Y

Missing

a. Name of diagnosing facility: _____

b. Address of diagnosing facility: _____

B2. Disease (*Print diagnosis.*) _____

a. If Disease (question B2) = metastatic cancer,
to what body location has cancer metastasized?
(*If Disease ≠ metastatic cancer,
enter "-1" in question B2a.*) _____

B3. Disease Code (*See Manual of Operations, Section 12, for list of disease codes.*) _____
(*If Disease Code ≠ 101 (cervical) or 110 (other), skip question B3a.*)

a. Was cancer in situ? (*If Disease in B2 ≠ cervical or anal cancer, skip question B3a.*)
Yes 1
No 2

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

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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.*)

|_|_|/|_|_|/|_|_|
M D Y

Missing

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.....3
- Hospice/Extended Care Facility.....4
- Residence.....5
- Other location.....6

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.....4
- Pending investigation.....5
- Could not be determined.....6
- Not stated on certificate.....7

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

Condition
(*print diagnosis*)

Immediate Cause: _____

START CORE s1

Underlying Cause(s): (a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

END CORE s1
START CORE s2

Other Significant Condition(s): (a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

END CORE s2

C6i. ENTER THE TOTAL NUMBER OF UNDERLYING CAUSE(S) OF DEATH RECORDED IN QUESTION C6: _____

C6ii. ENTER THE TOTAL NUMBER OF OTHER SIGNIFICANT CONDITIONS RECORDED IN QUESTION C6: _____

C7. Autopsy performed:

Yes 1

No 2

Don't know-8