

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 file 1
- b. Copy not on file / Abstracted 2

Death Certificate 4

Autopsy 5

Registry Sources:

- a. AIDS Registry 6
- SOURCE: _____

- b. Cancer Registry 7
- SOURCE: _____

- c. TB Registry..... 8
- SOURCE: _____

- d. Death Registry 9
- SOURCE: _____

Other Source 10

SOURCE: _____

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

A2. Registry Search Criteria (*Circle one.*)

- Whole cohort 1
- HIV-positive 2
- Medical release and self-report 3
- Medical release only 4
- Other criteria 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.*)

M		D		Y					

MISSING

a. Name of diagnosing facility: _____

b. Address of diagnosing facility: _____

B2. Disease (*Print diagnosis.*) _____

a. If Disease (question B2) = Cancer or TB,
Primary Site: _____

b. If Disease (question B2) = Cancer or TB,
Additional Site of Disease: _____

B3. Disease Code (*See Manual of Operations, Section 12, for list of disease codes.*) |__|__|__|

a. If Tumor or Cancer, was it:

- Benign tumor 1
- In situ 2
- Malignant (invasive) 3

b. If Tumor or Cancer, Histology Type
(e.g., adenocarcinoma, squamous cell, etc.): _____

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

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

WIHS ID #

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

- Definitive..... 1
- Presumptive..... 2
- Indeterminate..... 3

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

WIHS ID #

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

CONDITION(S) RECORDED IN QUESTION C6: |__|__|

C7. Autopsy Performed?

YES 1

NO 2

DON'T KNOW -8