



**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: \_\_\_\_\_

- e. Renal Registry ..... 11

SOURCE: \_\_\_\_\_

Other Source ..... 10

SOURCE: \_\_\_\_\_

**PROMPT: IF SOURCE OF INFORMATION IS REGISTRY MATCH (QUESTION A1 = 6, 7, 8, 9 OR 11), COMPLETE QUESTION A2, BELOW. OTHERWISE, SKIP TO SECTION B, C or D, as described on page 1 of the form.**

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



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

WIHS ID #

**SECTION D. INFORMATION RELEVANT TO USRDS MATCH**

*Complete all items in this section.*

D1. ENTER THE TOTAL NUMBER OF USRDS RECORDS

RECORDED IN SUBFORM COREs3: ..... |\_\_|\_\_|

*Xerox this page and complete Questions D2 through D5 in Subform COREs3 for each record generated by the USRDS Match for this participant.*

**START COREs3**

D1. Begin Date

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

D2. End Date

*(If D3=death, enter "-1")*

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

D3. RXGROUP *(treatment modality of this period, circle one):*

- CAPD ..... 1
- CCPD ..... 2
- Center hemo ..... 3
- Unknown dialysis ..... 4
- Transplant ..... 5
- Lost to follow-up ..... 6
- Death ..... 7 **(END)**

D4. USRDS Assigned Facility ID Number :

|\_\_|\_\_|\_\_|\_\_|

**END COREs3**