

WIHS ID #

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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

PROMPT: IF DISEASE CODE = 320 (HEPATITIS/LIVER DISEASE), COMPLETE SECTION D OF THIS FORM (DETAILED LIVER DISEASE ABSTRACTION ADDENDUM).

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.*)

___ / ___ / ___ Missing
M D Y

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: _____

Underlying Cause(s): (a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

Other Significant Conditions: (a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

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

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SECTION D. DETAILED LIVER ABSTRACTION ADDENDUM

PROMPT: COMPLETE THIS ADDENDUM IF THE RESPONSE TO ANY OF QUESTIONS C34a (fatty liver); C34b (alcoholic liver disease); C34c (cirrhosis); C34ci (ascites); C34cii (varicies); C34ciii (hepatic encephalopathy); C35 (new diagnosis of hepatitis C); C38 (recommended for liver biopsy); or C40 (liver transplant) = YES.

D1. Is there serologic evidence of a new Hepatitis C virus infection?

Yes 1
No 2

D2. Is there a clinical diagnosis of an acute, symptomatic Hepatitis C syndrome?

Yes 1
No 2

D3. Is there a clinical diagnosis of cirrhosis?

Yes 1
No 2

D4. Is there a clinical diagnosis of other liver disease?

Yes 1
No 2 (PROMPT)

a. SPECIFY: _____

PROMPT: IF ALL OF QUESTIONS D1-D4 = NO, SKIP TO END OF FORM. OTHERWISE, IF ANY OF D1-D4 = YES, PROCEED TO QUESTION D5.

D5. In the notes referring to any of the above diagnoses is there mention of:

	<u>YES</u>	<u>NO</u>
i. Jaundice (yellow skin/eyes).....	1	2
j. Enlarged liver.....	1	2
k. Ascites (fluid in the belly).....	1	2
l. Spider angiomas (on skin).....	1	2
m. Hepatic endephalopathy: altered mental status (AMS), coma, asterixis (flapping tremor).....	1	2
n. Varicies noted on endoscopy	1	2
s. Prolonged PT/INR	1	2
t. Liver biopsy (abstract pathology report).....	1	2
u. Treatment: ribiviron, interferon alpha, Rebetrone (combination)	1	2