

## BASELINE DATA CAPTURE FORM

STUDY ID NUMBER

PARTICIPANT INITIALS



A – BASIC DATA					
<b>A1. DATE OF CONSENT</b> (day/month/year)		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
<b>A2. DATE OF BIRTH</b> (day/month/year)		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
<b>A3. DATE OF REFERRAL</b>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
<b>A4. DIAGNOSIS DATE</b> (date of first definitive pathology report)				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<b>A5. PRIMARY DIAGNOSIS</b> (ICD code)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Or describe:	
<b>A6. HISTOLOGY</b> (SNOMED code)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Or describe:	
<b>A7. MDT TREATMENT DECISION DATE</b>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
<b>A8. SEX</b>	A. Female <input type="checkbox"/>	B. Male <input type="checkbox"/>		<b>A9. ETHNICITY</b> <input type="text"/> <input type="text"/>	
B – PLANNED TREATMENT & STAGING					
<b>B1. CANCER PLAN INTENT</b>					
A. Curative <input type="checkbox"/>	B. Palliative anti-cancer <input type="checkbox"/>		C. Supportive <input type="checkbox"/>		D. No specific anti-cancer <input type="checkbox"/>
<b>B2. PLANNED CANCER TREATMENT TYPE (Please, tick all that apply)</b>					
A. Surgery (primary site) <input type="checkbox"/>			B. Surgery (neck dissection for lymph nodes in neck) <input type="checkbox"/>		
C. Teletherapy (Radiotherapy) <input type="checkbox"/>			D. Chemotherapy <input type="checkbox"/>		
E. Hormone therapy - please state: <input type="checkbox"/> _____			F. Specialist palliative <input type="checkbox"/>		
G. Brachytherapy <input type="checkbox"/>			H. Biological - please state: <input type="checkbox"/> _____		
I. Other - please state: <input type="checkbox"/> _____			J. Active monitoring <input type="checkbox"/>		
K. Combined chemoradiotherapy <input type="checkbox"/>			L. Reconstruction with free flap <input type="checkbox"/>		
M. Laser Surgery <input type="checkbox"/>					
<b>B3. TREATMENT TYPE SEQUENCE</b> 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>					

Study ID number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>B4. CO-MORBIDITY INDEX</b> (please see the guide to Data Capture Form completion for the comorbidity scoring system)					
A. No co-morbidity <input type="checkbox"/>	B. Mild decompensation <input type="checkbox"/>	C. Moderate decompensation <input type="checkbox"/>			
D. Severe decompensation <input type="checkbox"/>	E. Unknown <input type="checkbox"/>				
<b>B5. TNM CATEGORY</b> (final pre-treatment staging)		B. T <input type="text"/> <input type="text"/> <input type="text"/>	C. N <input type="text"/> <input type="text"/>	D. M <input type="checkbox"/>	
	A. Left	B. Right	C. Midline	D. Bilateral	E. N/A
<b>B6. Side of primary tumour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B7. Side of any positive neck nodes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B8. IS THIS TUMOUR?</b>	The first H&N primary <input type="checkbox"/>		Patient has had a previous H&N primary <input type="checkbox"/>		
<b>B9A. p16 HPV STATUS</b>	1. Positive <input type="checkbox"/>	2. Negative <input type="checkbox"/>	3. Not obtained <input type="checkbox"/>		
<b>B9B. HPV DNA by ISH</b>	1. Positive <input type="checkbox"/>	2. Negative <input type="checkbox"/>	3. Not obtained <input type="checkbox"/>		
<b>B9C. HPV DNA by PCR</b>	1. Positive <input type="checkbox"/>	2. Negative <input type="checkbox"/>	3. Not obtained <input type="checkbox"/>		
<b>C – OTHER</b>					
<b>C1. PATIENT TRIAL STATUS</b> (for trials other than H&N5000)		A. Eligible and entered <input type="checkbox"/>	B. Eligible, declined <input type="checkbox"/>		
C. Eligible, not approached <input type="checkbox"/>	D. Ineligible <input type="checkbox"/>	E. Not applicable <input type="checkbox"/>			
<b>C2. COMMENTS:</b> _____					
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_____					
_____					
_____					