

MONTH 4 DATA CAPTURE FORM

Study ID number

Participant Initials



A – BASIC DATA

A1. DATE OF 4 MONTH DATA COLLECTION / /

A10. IS THE PATIENT ALIVE? A. Yes B. No

A11. IF NO, DATE OF DEATH / / If deceased please complete mortality form

B – TREATMENT

B1. ACTUAL CANCER PLAN INTENT
 A. Curative B. Palliative anti-cancer C. Supportive D. No specific anti-cancer

B2. ACTUAL CANCER TREATMENT TYPE RECEIVED (Please tick all that apply)

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"/>	

B3. TREATMENT TYPE SEQUENCE 1. 2. 3. 4. 5.

B10. PROCEDURE/TREATMENT START DATE / /

B4. CO-MORBIDITY INDEX (please see the guide to Data Capture Form completion for the comorbidity scoring system)

A. No co-morbidity B. Mild decompensation C. Moderate decompensation
 D. Severe decompensation E. Unknown

B5. DEFINITIVE PRE TREATMENT STAGING A. **DATE:** / /

B. **T** C. **N** D. **M**

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B5a. PATHOLOGICAL TNM STAGING (If applicable) A. **DATE:** //

B. **pT** C. **pN** D. **pM**

B11. WAS THE PRESCRIBED RADIOTHERAPY TREATMENT COMPLETED? (if prescribed at diagnosis)

A. Yes B. No C. Ongoing D. Not applicable

B11a. If Radiotherapy not completed please give reason:

A. Toxicity/side effects B. Altered treatment plan C. Patient choice D. Other

B12: WAS THE PRESCRIBED CHEMOTHERAPY TREATMENT COMPLETED? (if prescribed at diagnosis)

A. Yes B. No C. Ongoing D. Not applicable

B12a. If Chemotherapy not completed please give reason:

A. Toxicity/side effects B. Altered treatment plan C. Patient choice D. Other

B13. DOES THE PATIENT HAVE A FEEDING TUBE? A. Yes B. No

B14. IF YES, APPROXIMATELY HOW MUCH DIETARY INTAKE IS THROUGH THE FEEDING TUBE?

A. None B. < 20% C. 20 – 80% D. > 80%

B15. DOES THE PATIENT HAVE A TRACHEOSTOMY? A. Yes B. No

B16. HAS THERE BEEN TUMOUR RECURRENCE? A. Yes B. No C. N/A

B16a. If YES what is the staging of the recurrence? A. **T** B. **N** C. **M**

C – OTHER

C1. PATIENT TRIAL STATUS (for trials other than H&N5000)

A. Eligible and entered B. Eligible, declined

C. Eligible, not approached D. Ineligible E. Not applicable

C2. COMMENTS:
