

8. PLACE OF RESIDENCE: Place of Usual Residence (where the person has been residing for the past one year (at least))

Urban Areas (Town / Cities)

Non-urban / Rural Areas

House No.

House No. and Ward

Road / Street Name

Name of Gram Panchayat / Village, etc:

Area / Locality

Name of Sub-Unit of District (Taluk / Tehsil / Other):

Ward / Corporation / Division

Name of City / Town

Name of PHC / Sub Centre

Name of District (In Capitals) Postal Pin Code

Telephone No(s): Off. Res.

Mobile No. Email ID

9. DURATION OF STAY (at the place of usual residence (in years))

10. OTHER ADDRESSES:

10.1 LOCAL ADDRESS

10.3 NATIVE PLACE ADDRESS

.....

.....

Name of City/Town/District

Name of City/Town/District

Pin Code

Pin Code

10.2 SECOND (OFFICE / CARETAKER / FAMILY DOCTOR) ADDRESS

11. PLACE OF BIRTH

.....

.....

Name of City/Town/District

Name of City/Town/District

Pin Code

Pin Code

12. AGE (in years)

DATE OF BIRTH

dd mm yy

13. AGE ESTIMATED BY: (1) Patient (2) Person Accompanying Patient (3) Social Investigator (8) Others (specify)..... (9) Unknown

14. SEX (1) Male (2) Female (8) Others

II BASIC DEMOGRAPHIC PARAMETERS

15. MARITAL STATUS
 (1) Unmarried (2) Married (3) Widowed (4) Divorced (5) Separated (8) Others (specify)..... (9) Unknown

16. MOTHER TONGUE
 (01) Assamese (02) Bengali (03) Gujarathi (04) Hindi (05) Kannada (06) Kashmiri (07) Malayalam
 (08) Marathi (09) Oriya (10) Punjabi (11) Sanskrit (12) Sindhi (13) Tamil (14) Telugu
 (15) Urdu (16) English (17) Konkani (18) Bhutia (19) Manipuri (20) Mizo (21) Nepali
 (22) Lepcha (23) Rajasthani (88) Others (specify)..... (99) Unknown

17. RELIGION
 (1) Hindu (2) Muslim (3) Christian (4) Sikh
 (5) Jain (6) Neo-Budhist (7) Parsi (8) Indigenous Faith / Others (specify)..... (9) Unknown

18. CULTURAL GROUP / BACKGROUND (Refer procedure manual for codes)

19. EDUCATION
 (0) Not applicable (for children below 5 years) (1) Illiterate (2) Literate (3) Primary (4) Middle
 (5) Secondary (6) Technical-after matric (7) College and above (8) Others (specify)..... (9) Unknown

III DIAGNOSTIC DETAILS

20. **DIAGNOSTIC STATUS AT REGISTRATION AT SOURCE OF REGISTRATION / REPORTING INSTITUTION (RI)**

(0) Not Registered at RI (1) Microscopically Confirmed
 (2) Suspected (Microscopically / Radiologically) (3) Unequivocal Clinical Diagnosis
 (4) Suspected Clinically / To rule out Malignancy (8) Others (specify).....
 (9) Unknown

21. **METHOD OF DIAGNOSIS**

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques (4) DCO (8) Others (9) Unknown

Microscopic (if 2 above) **X-Ray / Imaging Techniques (if 3 above)** **Others (if 8 above)**

(1) Histology of Primary (1) X-Ray (1) Endoscopy
 (2) Histology of Metastasis (2) Isotopes (2) Surgery or Autopsy without Histology
 (3) Autopsy with Histology (3) Angiography (3) Specific Biochemical and / or Immunological Tests
 (4) Bone Marrow (4) Ultrasonogram Specify Test(s).....
 (5) Blood Film (8) All Others (Specify)..... (8) Others (Specify).....
 (6) Cytology of Primary
 (7) Cytology of Metastasis

22. **ANATOMICAL SITE OF SPECIMEN / BIOPSY / SMEAR**

23. **COMPLETE PATHOLOGICAL DIAGNOSIS: (with complete description of Primary Site of Tumour and Morphological Diagnosis)**

23.1 **PRIMARY SITE OF TUMOUR - TOPOGRAPHY**

23.2 **MORPHOLOGY**

23.3 **PATHOLOGY SLIDE NO.** **DATE**
dd mm yy

24. **CODING ACCORDING TO ICD-O-3:**

24.1 **PRIMARY SITE OF TUMOUR - TOPOGRAPHY** **C**
(Include sub-site if any)

24.2 **PRIMARY HISTOLOGY - MORPHOLOGY** **M**
If morphology is that of metastasis mention Primary Site above and

24.3 **SECONDARY SITE OF TUMOUR** **C**

24.4 **MORPHOLOGY OF METASTASIS** **M**
If the morphology diagnosis is only that of metastatic site, mention the Primary Site as decided by the treating clinician either through discussion or from case record.

25. **SITE OF TUMOUR (ICD-10)**..... **C**

26. **LATERALITY**

(0) Not a paired site (1) Right (2) Left
 (3) Only one site involved, right or left, unknown (4) Bilateral involvement, lateral origin unknown (9) Paired site, but no information concerning laterality

27. **SEQUENCE**

(0) One Primary Only (1) First of two or more primaries (2) Second of two or more primaries
 (3) Third of three or more primaries (4) Fourth of four or more primaries (5) Fifth of five or more primaries
 (6) Sixth of six or more primaries (7) Seventh of seven or more primaries (8) Eighth or later primary
 (9) Unspecified sequence number (Unknown)

IV DETAILS OF CLINICAL STAGE AND TREATMENT

28. **CLINICAL EXTENT OF DISEASE BEFORE TREATMENT**

(01) In-situ (02) Localised (03) Direct Extension
 (04) Regional Nodes (05) Direct Extension with Regional Nodes (06) Distant Metastasis
 (07) Not Palpable (08) Too Advanced (09) Not Applicable / Unknown Primary
 (10) Treated Elsewhere (11) Recurrent (88) Others (specify).....
 (99) Unknown

29.1 **STAGING SYSTEM FOLLOWED**

(1) TNM (2) FIGO (3) Ann Arbor
 (4) Not Applicable (8) Others (specify)..... (9) Unknown

29.2 TNM (Tumor, Node, Metastasis) (888 if not applicable)

T

N

M

29.3 COMPOSITE STAGE (888 if not applicable)

[] [] []

30.1 TREATMENT GIVEN PRIOR TO REGISTRATION AT RI (1) Yes (2) No (9) Unknown

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30.2 IF YES, TYPE OF TREATMENT GIVEN

- (01) Surgery (S) (02) Radiotherapy (R) (03) Chemotherapy (C) (04) S+R (05) S+C (06) R+C (07) S+R+C (08) Hormone Therapy (H) (09) S+H (10) R+H (11) C+H (12) S+R+H (13) S+C+H (14) R+C+H (15) S+R+C+H (88) Others (specify) (99) Unknown

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31. PERFORMANCE STATUS (WHO) BEFORE TREATMENT AT RI

- (0) Able to carry out all normal activity without restriction (1) Restricted in physically strenuous activity but ambulatory and able to carry out light work (2) Ambulatory and capable of all self-care but unable to carry out any work: up and about more than 50% of waking hours (3) Capable of only limited self-care; confined to bed or chair more than 50% waking hours (4) Completely disabled; cannot carry on any self-care totally confined to bed or chair

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32. INTENTION TO TREAT AT RI

- (1) Curative / Radical (2) Palliative (3) Pain Relief Only (4) Symptomatic (5) No Treatment (9) Unknown

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33.1 CANCER DIRECTED TREATMENT GIVEN AT RI

- (1) Yes (2) No (3) Treatment advised but not accepted (4) Incomplete treatment (9) Unknown

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33.2 IF YES, TYPE OF TREATMENT GIVEN (Codes as in 30.2)

[] []

33.3 DATE OF COMMENCEMENT OF TREATMENT AT RI

[] [] [] [] [] []

33.4 DATE OF COMPLETION OF INITIAL CANCER DIRECTED TREATMENT AT RI

[] [] [] [] [] [] dd mm yy

33.5 TREATMENT ADVISED BUT NOT RECEIVED AT RI

TYPE OF TREATMENT ADVISED (Codes as in 30.2)

[] []

33.6 REASONS FOR NON-TREATMENT / PARTIAL TREATMENT / INCOMPLETE TREATMENT

- (1) Declined Treatment (2) Advised to take Planned Treatment outside the Reporting Institution (3) Advised to take Symptomatic Treatment elsewhere (4) Death during Treatment (5) Death before Initiating Treatment (6) Discontinued because of Inability to Tolerate Treatment (8) Others (specify) (9) Unknown

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34. PERFORMANCE STATUS (WHO) AT FIRST FOLLOW-UP OR AT 6 MONTHS WHICHEVER IS EARLIER (Codes as in 31)

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35. DISEASE STATUS AT FIRST FOLLOW-UP OR AT 6 MONTHS WHICHEVER IS EARLIER

- (1) No Evidence of Disease (NED) (2) NED but Second Primary Present (3) NED but Non-Malignant Disease Present (4) Cancer in Regression / Residual Disease (5) Cancer in Progression / Recurrence (Primary Disease and / or Metastasis) (6) Too Advanced / Cachexia (7) Patient Dead (8) Others (specify) (9) Unknown

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36. DATE OF LAST CONTACT

[] [] [] [] [] []

37. DATE OF DEATH

[] [] [] [] [] [] dd mm yy

38. SOURCE OF INFORMATION ON ABOVE ITEMS

- (1) Personal Interview * and Abstraction of Records (2) Abstraction of Records only (3) Through Record Linkage (8) Others (specify) * Patient / Family Member / Relative / Friend / Neighbour

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39. NAME OF PERSON COMPLETING FORM (in capitals)

SIGNATURE

DATE

[] [] [] [] [] [] dd mm yy