

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

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

29.3 COMPOSITE STAGE
(888 if not applicable)

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

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

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

32. INTENTION TO TREAT AT RI
 (1) Curative / Radical (2) Palliative (3) Pain Relief Only (4) Symptomatic (5) No Treatment (9) Unknown

33.1 CANCER DIRECTED TREATMENT GIVEN AT RI
 (1) Yes (2) No (3) Treatment advised but not accepted (4) Incomplete treatment (9) Unknown

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

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

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

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

39. NAME OF PERSON COMPLETING FORM (in capitals)

SIGNATURE DATE
dd mm yy