

Surname	First names	Sex	Age	Birth date
Mother Surname	Mother First name	Father Surname	Father First name	
Ethnic group	Interview	FPprints	BCGscar	
District/Village				
Birth place				
Occupation				

Marital Status	Spouses
Parity	Smoking history

Status	Date Discharge	Death date
Date of LF	Method follow	Cause death

Hosp/clinic1	Hospital No1	Date1	
Hosp/clinic2	Ref No.2	Date2	
Hosp/clinic3	Ref No.3	Date3	
Serology No.	Histology No.	Other Lab No.	Source

Topography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Extend	<input type="checkbox"/>
Laterality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Basis diagnosis	<input type="checkbox"/>

AFP	<input type="checkbox"/>	<input type="checkbox"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE REMEMBER:

The patient you just interviewed is eligible for regular follow-ups. Please state below, detail contact information to assist future follow-ups of this patient (e.g. Telephone number, reliable contact address, name of next of kin with a contact phone number and or reliable contact address (Phone and or place of work address). Also if the patient's year of birth is between 1984 and 1992 please obtain a foot and palm print.

Next of Kin

Tel. No.