Quantitative Public Radiotherapy Record Review

Data sample :	Research Nr.		
Instruction	Mark with an X where applicable		
SECTION A: BIOGRAPHICAL DATA	**A1.1. Hospital type**	Public	**1**
		Private	**2**
	A1.2. Hospital name	CMJAH	**1**
		SBAH	**2**
		BMOC	**3**
		SOC	**4**
		WDGO	**5**
		UO	**6**
	A2. Patient gender	Female	**1**
		Male	**2**
		Other	**3**
	A3. Age	18-25	**1**
		26-35	**2**
		36-45	**3**
		46-55	**4**
		56-65	**5**
		66-70	**6**
		>70	**7**
SECTION B: CANCER DIAGNOSIS	**B1. First hospital presentation date (seeing specialist)**	yyyy/mm/dd	
	B2. Name of the referral hospital		
	B3. Date of cancer diagnosis- biopsy	yyyy/mm/dd	
	B4. Cancer type Primary site	Breast	**1**
		Cervical	**2**
		Gastro-Intestinal	**3**
		Head & Neck	**4**
		Prostate	**5**
	B5. Stage of disease	Stage 1	**1**
		Stage 2	**2**
		Stage 3	**3**
		Stage 4	**4**
	B6.1. Chemotherapy	Yes	**1**
		No	**2**
	B6.2. If yes, the date of chemotherapy	yyyy/mm/dd	

	B7.1. Surgery	Yes	**1**
		No	**2**
	B7.2. If yes, the date of surgery	yyyy/mm/dd	
	B8. Date of last follow up	yyyy/mm/dd	
	B9.1. Death	Yes	**1**
		No	**2**
	B9.2. If yes, the date of death	yyyy/mm/dd	
SECTIONC: RADIOTHERAPY	**C1. Type of cancer treatment**	Neoadjuvant	**1**
		Adjuvant	**2**
		Concurrent	**3**
	C2. Type of radiotherapy	Radical	**1**
		Palliative	**2**
	C3. Dose fractionation	1.8 Gy	**1**
		2.0 Gy	**2**
		3.0 Gy	**3**
		Other (specify) _____	**4**
	C4. Radiotherapy simulation date	yyyy/mm/dd	
	C5. Radiotherapy start date	yyyy/mm/dd	
	C6. Radiotherapy end date	yyyy/mm/dd	
	C7.1 Treatment plan change	Yes	**1**
		No	**2**
	C7.2 If yes, specify the reason for the plan change.	Progressive disease	**1**
		Poor response	**2**
		Other (specify) _____	**3**
SECTION D: DURATIONS	**D1. The duration between first hospital presentation date and**	Less than 1 month (<1)	**1**
		1-3	**2**

	cancer diagnosis (in months)	4-6	**3**
		7-9	**4**
		10-12	**5**
		>12	**6**
	D2. The duration between cancer diagnosis and radiotherapy simulation (in months)	Less than 1 month (<1)	**1**
		1-3	**2**
		4-6	**3**
		7-9	**4**
		10-12	**5**
		>12	**6**
	D3. The duration between radiotherapy simulation and Radiotherapy start date (in weeks)	<1	**1**
		1	**2**
		2	**3**
		>2	**4**