

Baseline Characteristics

**Lung Cancer
Registry**

Instruction:

i) Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

ii) Red asterisk (*) indicates the field is mandatory and must be filled

General Information

1 *	Reporting centre	
2 *	Date of first consult at reporting centre <small>(dd/mm/yyyy)</small>	<input type="text"/> - <input type="text"/> - <input type="text"/>
3 *	Sector <small>(Auto based on reporting centre)</small>	<input type="radio"/> MOH <input type="radio"/> NGO <input type="radio"/> Armed Forces <input type="radio"/> Private Centre <input type="radio"/> University Hospital <input type="radio"/> MOH - KK1M <input type="radio"/> Others <input type="radio"/> Missing <input type="text"/> Others, specify
4 *	Patient type	<input type="radio"/> Public Patient <input type="radio"/> Private Patient

Baseline Characteristics (Instruction: if Mykad/MyKid is not available, please complete Old IC or other ID document no)

1 *	Patient name <small>(as per MyKad / Other Document ID)</small>	2	Local RN No.							
3 *	Identification card number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">i) Mykad / MyKid</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td>ii) Other document no.</td> <td><input type="text"/></td> </tr> <tr> <td>iii) Document type</td> <td> <input type="radio"/> MRN <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Mother's IC <input type="radio"/> Father's IC <input type="radio"/> Birth Certificate <input type="radio"/> Work Permit # <input type="radio"/> Registration number <input type="text"/> Others, specify </td> </tr> </table>			i) Mykad / MyKid	<input type="text"/> - <input type="text"/> - <input type="text"/>	ii) Other document no.	<input type="text"/>	iii) Document type	<input type="radio"/> MRN <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Mother's IC <input type="radio"/> Father's IC <input type="radio"/> Birth Certificate <input type="radio"/> Work Permit # <input type="radio"/> Registration number <input type="text"/> Others, specify
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4 *	Gender	<input type="radio"/> Male <input type="radio"/> Female								
5 *	Date of birth <small>(dd/mm/yyyy)</small>	<input type="text"/> - <input type="text"/> - <input type="text"/>	6 *	Age at first consult at reporting centre <small>(Auto Calculate)</small>						
7 *	Ethnic group	<input type="radio"/> Malay <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Iban <input type="radio"/> Kadazan <input type="text"/> Others, specify								
8	Height	<input type="text"/> cm								
9	Weight	<input type="text"/> kg								
10	BMI <small>(Auto-calculate)</small>	<input type="text"/>								
11 *	Smoking	<input type="radio"/> Never smoke - <i>Non-smoker / less than 100 cigarettes in a life time</i> <input type="radio"/> Ex-smoker - <i>Stop smoking more than 1 month</i> <input type="radio"/> Current smoker - <i>Still smoking</i> <input type="radio"/> Not Available If Smoker or Ex-smoker, number of packs year <input type="text"/>								

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12 *	ECOG performance status	<ul style="list-style-type: none"> <input type="radio"/> Grade 0 <i>Fully active, able to carry on all pre-disease performance with no restriction</i> <input type="radio"/> Grade 1 <i>Restricted in physically strenuous activity but ambulatory and able to carry out work of a light and sedentary nature</i> <input type="radio"/> Grade 2 <i>Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours</i> <input type="radio"/> Grade 3 <i>Capable of limited selfcare, confined to bed or chair more than 50% waking hours</i> <input type="radio"/> Grade 4 <i>Completely disables. Cannot carry on any selfcare. Totally confined to bed or chair</i> <input type="radio"/> Not Available 																											
13	Concomitant illness (Choose if present)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">i</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 90%;">COPD</td> </tr> <tr> <td style="text-align: center;">ii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hypertension</td> </tr> <tr> <td style="text-align: center;">iii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Diabetes</td> </tr> <tr> <td style="text-align: center;">iv</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Ischemic heart disease</td> </tr> <tr> <td style="text-align: center;">v</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cerebrovascular accident</td> </tr> <tr> <td style="text-align: center;">vi</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Chronic kidney disease</td> </tr> <tr> <td style="text-align: center;">vii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Chronic liver disease</td> </tr> <tr> <td style="text-align: center;">viii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Interstitial lung disease</td> </tr> <tr> <td style="text-align: center;">ix</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Others, specify</td> </tr> </table>	i	<input type="checkbox"/>	COPD	ii	<input type="checkbox"/>	Hypertension	iii	<input type="checkbox"/>	Diabetes	iv	<input type="checkbox"/>	Ischemic heart disease	v	<input type="checkbox"/>	Cerebrovascular accident	vi	<input type="checkbox"/>	Chronic kidney disease	vii	<input type="checkbox"/>	Chronic liver disease	viii	<input type="checkbox"/>	Interstitial lung disease	ix	<input type="checkbox"/>	Others, specify
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Remarks / Comments :