



AFU/sAFU CANCER INTERVIEW TRACKING FORM

ID NUMBER:

FORM CODE:

C	T	F
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DATE: 10/13/20/14
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. CY:

0c. Interview Type:

AFU	<input type="checkbox"/>
sAFU	<input type="checkbox"/>

Instructions: This form is to be completed for ALL participants who report a diagnosis of cancer during the follow-up interview. Only one form per participant per contact year is allowed for each interview type.

1a. Medical Record Release Form

- a. Refused → **GO TO QUESTION 1b**
- b. Sent to participant → **GO TO QUESTION 1b**
- c. Received → **GO TO QUESTION 1b**
- d. Unable to retrieve

1a1. Reason Release is not available: _____

1b. Date: / /
Month Day Year

1c. Staff ID: → **IF QUESTION 1a IS 'a', 'b' OR 'd', SAVE AND CLOSE FORM**

2a. Medical Record Status

- a. Requested → **GO TO QUESTION 2b**
- b. Received → **GO TO QUESTION 2b**
- c. Sent to Washington County → **GO TO QUESTION 2b**
- d. Unable to retrieve

2a1. Reason Record is not available: _____

2b. Date: / /
Month Day Year

2c. Staff ID:

3a. Additional Medical Record Request Status

- a. Not applicable → **GO TO QUESTION 3b**
- b. Requested..... → **GO TO QUESTION 3b**
- c. Received → **GO TO QUESTION 3b**
- d. Sent to Washington County..... → **GO TO QUESTION 3b**
- e. Unable to retrieve.....

3a1. Reason Record is not available: _____

3b. Date: //
Month Day Year

3c. Staff ID: