

Quality Research in Radiation Oncology
2607 Prostate Process

American College of Radiology 1818 Market Street, Suite 1600 Philadelphia, PA 19103 215-574-3164

Case #:

Institution #:

Form A 5

Demographics

1. Zip code: _____
2. Year of birth (yyyy): _____
3. Year at start of RT (yyyy): _____
4. Age at start of RT: _____
5. Primary payment method: _____
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
6. Secondary payment method _____
 - 0 = Not applicable
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
7. Race _____
 - 1 = White
 - 2 = Black or African American
 - 3 = Asian
 - 4 = Native Hawaiian or Other Pacific Islander
 - 5 = American Indian or Native Alaskan
 - 6 = More than one race
 - 8 = Other
 - 9 = Unknown
8. Ethnicity _____
 - 1 = Hispanic or Latino
 - 2 = Not Hispanic or Latino
 - 9 = Unknown

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9. Communicates in English _____
1 = No
2 = Yes, no problem
3 = Yes, with difficulty - language issue
4 = Yes, with difficulty - physical/psychological issues
9 = Unknown
10. Primary spoken language _____
1 = English
2 = Spanish
3 = Chinese (Mandarin, Cantonese etc.)
4 = Japanese
5 = Korean
6 = Vietnamese
7 = Tagalog
8 = French (Patois, Cajun, Creole etc.)
9 = German
10 = Italian
11 = Russian
12 = Portuguese (Creole)
13 = Polish
14 = Arabic
15 = Other, NOS
88 = Other (specify, below)
99 = Unknown
11. Other language, specified _____
If primary language spoken is not (1) English then,
12. Non-English speaking by history _____
1 = No
2 = Yes
13. Foreign language consent _____
1 = No
2 = Yes
14. Use of translator documented _____
1 = No
2 = Yes
15. Marital/partner status _____
1 = Married
2 = Widowed
3 = Divorced
4 = Separated
5 = Never Married
6 = Living with partner
9 = Unknown

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16. *Question deleted*

Note: DO NOT include any Personal Health Information (PHI) in these comments.

17: Comments: _____

18: Comments: _____

Questions 20-22 added

20. Did chart include init consultative report sent from RO to ref MD? _____
1 = No
2 = Yes
3 = Yes, Report in chart, but no indication it was sent to referring MD
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
9 = Unknown
21. Did chart include tmnt summary report sent from RO to referring MD? _____
1 = No
2 = Yes
3 = Yes, Report in chart, but no indication it was sent to referring MD
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
9 = Unknown
22. Was informed consent documented in the chart? _____
1 = No
2 = Yes, signed and witnessed consent document in chart
3 = Yes, consent process documented only (ICF not in the chart)
9 = Unknown