LENT SOMA SCALE FOR CERVIX CARCINOMA RADIOTHERAPY - PART 1

Hospital Number

Name (Surname first)

Date of Birth (ddmmyyyy)

Type of Study/Researcher

Diagnosis

Stage (FIGO)

d d m m y y y y

Pre-treatment Surgery — 0=No, 1=Yes — Date

Any Chemotherapy — 0=No, 1=Yes

Start Date of Chemotherapy — Date

Radiotherapy Treatment Details

External Beam Treatment — Date Start — Date Finish

Dose of External Beam — Fr — Volume cm^3

Dose of 1st ICT — Date of 1st ICT

Dose of 2nd ICT — Date of 2nd ICT

Follow Up Details

Loco Regional Recurrence — 0=No, 1=Yes — Date

Distant Metastases — 0=No, 1=Yes — Date

Date Last Seen or Date of Death

Current Status — 1=Alive, 2=Intercurrent death, 3=Cancer death

Date Completed Study

Reason for withdrawal — 1=Did not return postal questionnaire, 2=Did not wish to continue in Study, 3=Change of address (lost to FU), 4=Recurrence, 5=Died, 6=Other: _____

NB If information Not Known fill boxes with 9's, if Not Applicable fill boxes with 8's