

**HANFORD THYROID DISEASE STUDY
FINAL DIAGNOSIS DETERMINATION FORM**

SUBJECT ID #: _____

DATE OF DIAGNOSIS: ____ / ____ / ____

[1] BENIGN THYROID NODULE

- YES
- NO
- UNKNOWN

- BASIS FOR DIAGNOSIS: *(Circle One)*
- 1..... HISTOLOGIC DIAGNOSIS, HTDS
 - 2..... CYTOLOGIC DIAGNOSIS, HTDS
 - 3..... HISTOLOGIC DIAGNOSIS, PRIOR
 - 4..... CYTOLOGIC DIAGNOSIS, PRIOR
 - 5..... CLINICAL DIAGNOSIS, HTDS
 - 6..... CLINICAL DIAGNOSIS, PRIOR
 - 7..... PARTICIPANT/RESPONDENT REPORT ONLY

COMMENT:

- check if diagnosis incidental from nuclear scans
- histologic/cytologic type: *(Circle All That Apply)*
- 1colloid nodule
 - 2follicular adenoma
 - 3other, specify: _____

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Hanford Thyroid Disease Study IRB approved May 23, 1997

[2] THYROID CARCINOMA

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: *(Circle One)*

- 1 histologic diagnosis, htds
- 2 cytologic diagnosis, htds
- 3 histologic diagnosis, prior
- 4 cytologic diagnosis, prior
- 5 clinical diagnosis, htds
- 6 clinical diagnosis, prior
- 7 participant/respondent report only

check if diagnosis incidental from nuclear scans []

histologic/cytologic type: (Circle Only One)

- 1 papillary carcinoma
- 2 follicular carcinoma
- 3 mixed follicular-papillary carcinoma
- 4 medullary carcinoma
- 5 anaplastic carcinoma
- 6 other, specify: _____

[3] THYROID NODULE SUSPICIOUS FOR MALIGNANCY

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 histologic diagnosis, ht ds
- 2 cytologic diagnosis, ht ds
- 3 histologic diagnosis, prior
- 4 cytologic diagnosis, prior
- 5 clinical diagnosis, ht ds
- 6 clinical diagnosis, prior
- 7 participant/respondent report only

check if diagnosis incidental from nuclear scans

[4] SIMPLE GOITER

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 ht ds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 participant/respondent report only

etiology of goiter: (Circle All That Apply)

- 1 graves' disease
- 2 hashimoto's thyroiditis
- 3 hypothyroidism, nos
- 4 hyperthyroidism, nos
- 5 other, specify: _____

[5] MULTINODULAR THYROID GLAND

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 ht ds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 participant/respondent report only

check if diagnosis incidental from nuclear scans

etiology of multinodular thyroid gland:

(Circle All That Apply)

- 1 graves' disease
- 2 hashimoto's thyroiditis
- 3 hypothyroidism, nos
- 4 hyperthyroidism, nos
- 5 other, specify: _____

[6] AUTOIMMUNE THYROIDITIS (HASHIMOTO'S THYROIDITIS)

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 ht ds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 participant/respondent report only

[7] GRAVES' DISEASE

- YES
- NO
- UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 htds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 participant/respondent report only

[8] HYPOTHYROIDISM

[] YES

[] NO

[] UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 htds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 inferred from past/current therapy
- 5 participant/respondent report only

if basis=2, enter lab values that document the diagnosis

(N/A = Not Available)

tsh: _____ range of normal: (ll) _____ (UL) _____

fti: _____ range of normal: (ll) _____ (UL) _____

possible contributing causes: (Circle All That Apply)

- 1 no
- 2 yes (indicate all that apply)
 - 1 i-131 therapy
 - 2 thyroid/parathyroid surgery
 - 3 lithium therapy
 - 4 other, specify: _____

[9] HYPERTHYROIDISM

[] YES

[] NO

[] UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

- 1 htds evaluation
- 2 medical record with supporting documentation
- 3 medical record without supporting documentation
- 4 inferred from past/current therapy
- 5 participant/respondent report only

if basis=2, enter lab values that document the diagnosis

(N/A = Not Available)

tsh: _____ range of normal: (ll) _____ (UL) _____

fti: _____ range of normal: (ll) _____ (UL) _____

etiology of hyperthyroidism: (Circle All That Apply)

- 1 graves' disease
- 2 toxic nodular goiter
- 3 solitary autonomous nodule
- 4 subacute thyroiditis
- 5 silent/post-partum thyroiditis
- 6 exogenous thyroid medication
- 7 uncertain
- 8 other, specify: _____

[10] OTHER THYROID DISEASE

YES (Specify: _____)

NO

UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

1 htds evaluation

2 medical record with supporting documentation

3 medical record without supporting documentation

4 inferred from past/current therapy

5 participant/respondent report only

[11] HYPERPARATHYROIDISM

YES

NO

UNKNOWN

comment:

BASIS FOR DIAGNOSIS: (Circle One)

1 htds evaluation

(Elevated serum calcium and parathyroid hormone levels
with or without low serum phosphate levels)

2 medical record with supporting documentation

3 medical record without supporting documentation

4 participant/respondent report only

GENERAL COMMENTS

[12] HTDS ULTRASOUND FINDINGS

Circle All That Apply:

1 palpable ultrasound detected nodules

2 nonpalpable focal ultrasound detected
abnormalities

3 diffuse ultrasound detected
abnormalities

4 normal

5 gland not visualized

comment:

[13] PALPABLE NODULES NOT DETECTED BY HTDS ULTRASOUND

Circle One:

1 yes

2 no

3 uncertain

comment:

DATA FORM COMPLETED: _____ PHYSICIAN ID: _____

DATE KEY ENTERED: __ __ / __ __ / __ __ KEY ENTRY I.D. #: __ __

7/28/95

