

Participant study number: _____

THE CHILDHOOD CANCER DIAGNOSIS STUDYGender: Male Female

Ethnicity:

Age: _____ years _____ months

Year of birth (YYYY):

Diagnosis: _____

Tumour location: _____

Laterality (if applicable): L / R / Midline/ Bilateral

Tumour stage: _____

Clinical risk group (if applicable): _____

Key dates (DD/MM/YYYY)

- Date of symptom onset: _____ Not known
- Date of first presentation to healthcare: _____ Not known
- Date of clinical diagnosis: _____ Not known
- Date of imaging: _____ Not known
- Date of biopsy: _____ Not known

Route to diagnosis

- Who was the first healthcare professional (HCP) they saw about these symptoms:
 - GP Paediatric emergency doctor Paediatrician Dentist Pharmacist
 - Optometrist Nurse practitioner Health visitor School nurse
 - Other (please specify _____)
- How many HCP visits before diagnosis? _____ or 1-3 4-6 7-9 10+
- Patient's place of care when the investigation that identified the tumour was requested:
 - Primary care Outpatient Inpatient A&E Other _____
- Was this an incidental finding?
 - No Yes - asymptomatic Yes -with non-specific symptoms
- What was the source of referral leading to diagnosis?

Emergency presentation (A&E)	<input type="checkbox"/> Self-referral <input type="checkbox"/> GP referral <input type="checkbox"/> Optician referral <input type="checkbox"/> Dentist referral <input type="checkbox"/> MIU/Walk In Centre/NHS 111 <input type="checkbox"/> Emergency transfer from another hospital <input type="checkbox"/> Other HCP (please specify) _____
GP referral	<input type="checkbox"/> Two week wait <input type="checkbox"/> Routine referral <input type="checkbox"/> Urgent referral to general paediatrician <input type="checkbox"/> Other _____

Please keep this form in patient's medical records once completed

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Other	<input type="checkbox"/> Active surveillance (please specify _____) <input type="checkbox"/> Diagnosed by another specialty (e.g. ENT) <input type="checkbox"/> Other _____
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Symptoms at diagnosis (Please tick all that apply)**Head, face, throat and neck**

- Headache
- Vomiting
- Seizures
- Fits
- Visual abnormalities
- Papilloedema
- Leukocoria
- Abnormal eye movements
- Hearing loss
- Earache
- Torticollis/head tilt/stiff neck
- Sore throat/hoarse voice
- Difficulty swallowing
- Swollen glands
- Lump/swelling in face, jaw and skull
- Limited mouth opening
- Abnormal facial movements

Chest and Abdomen

- Shortness of breath
- Lump/swelling in chest wall or armpits
- Chest wall pain/axillary pain
- Abdominal pain/discomfort
- Abdominal distention/mass
- Haematuria
- Blood in stool
- Change in bowel habit
- Difficulty passing urine

Bones and Joints

- Bone/joint swelling
- Bone/joint pain
- Limp or leg weakness
- Slow in recovery after injury to bone/joint

Growth and Development

- Developmental delay
- Deterioration in balance/walking/speech
- Slow growth
- Weight loss
- Loss of appetite
- Early or late puberty
- Lump/swelling in pelvis, testicle or breast
- Unexplained bleeding after sex or between periods

Other symptoms

- Pallor
- Changes to moles
- Excessive bleeding/bruising/petechiae
- Persistent/recurrent unexplained screaming in young children
- Multiple infections
- Tiredness or fatigue
- Fever
- Night sweats

Any other symptom not listed above:

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