

### SECTION III - PATIENT INFORMATION

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Facility Name

(not a standard field in NAACCR Version 9.1)

This field is not *collected* from you in each case record. Our data system assigns a reporting facility name to each record when it is uploaded. When sending cases to us on diskette, please include the facility name on each diskette label. This also helps us organize diskette storage.

Facility Code

NAACCR Version 9.1 field "Registry ID", Item 40, columns 189-203

This field should contain your ACoS/COC Facility Identification Number (FIN), but the special code assigned to your facility by the MCR (usually four digits) is also acceptable if your data system can produce it (see next page for MCR codes). Facilities reporting on diskette should include their MCR Code on each diskette label.

*Example:* Hospital A's registry may send its COC Facility Identification Number ending with "148765", *or* its MCR Code "2002". The diskette label should include "2002".

Accession Number

NAACCR Version 9.1 field "Accession Number--Hosp", Item 550, columns 286-294

This unique number identifies a patient at your facility based on when s/he was first accessioned onto your data system. The first four digits are the year in which the patient was first seen at your facility for the diagnosis and/or treatment of cancer, after your registry's reference date. The last five digits represent the numeric order in which you entered the case into your system. All of a patient's cases (primaries) should have the same Accession Number on your system.

*Example:* A patient's first diagnosis at your facility is in 2001, and this is the 23rd patient accessioned in 2001. The Accession Number is **200100023**. The patient has another primary diagnosed in 2002 for which you provide chemotherapy. The second case's Accession Number is also **200100023**.

If a patient is deleted from your data system, do not re-use the Accession Number that had been assigned. If your facility uses non-standard formatting for Accession Numbers, that is fine with the MCR because we only use this field to help identify the patient when we communicate with you. If your facility does not use Accession Numbers or has not assigned one to a particular patient, you may leave this field empty.

**PATIENT INFORMATION cont.**

These are the "MCR" codes and full ACoS FIN codes (source: ACoS website and a vendor) for facilities regularly reporting cases to us as of August 2001. (The facility name that appears below is not the official name of each institution; it's just a simple identifier for use in this table.)

<u>Facility (short name)</u>	<u>MCR Code</u>	<u>FIN</u>	<u>Facility (short name)</u>	<u>MCR Code</u>	<u>FIN</u>
Anna Jaques	2006	0006141500	Lowell General	2040	0006141200
Athol	2226	0006140065	Malden	2041	0006141280
Baystate	2339	0006141955	Marlborough	2103	0006141300
Berkshire	2313	0006141705	Martha's Vineyard	2042	0006141640
Beth Israel Deaconess	2069	0006140170	Mary Lane	2148	0006142100
Beverly	2007	0006140130	Mass. General	2168	0006140430
Boston Med. Ctr	2084	0006140440	Melrose-Wakefield	2058	0006141340
Brigham & Women's	2341	0006140218	Mercy	2149	0006141940
Brockton	2118	0006140630	MetroWest	2020	0006140960
Cambridge	2108	0006140730	Milford-Whitinsville	2105	0006141395
Cape Cod	2135	0006141130	Milton	2227	0006141410
Carney	2003	0006140255	Morton	2022	0006142000
Charlton	2337	0006140905	Mt. Auburn	2071	0006140780
Children's DFCI	2139	0006140270	Nantucket	2044	0006141430
Clinton	2126	0006140840	New England Baptist	2059	0006140460
Cooley Dickinson	2155	0006141570	New England Med. Ctr	2299	0006140465
Dana Farber	2335	0006140583	Newton-Wellesley	2075	0006141530
Deaconess-Glover	2054	0006141450	Noble	2076	0006142200
Deaconess-Nashoba	2298	0006140090	North Adams	2061	0006141560
Deaconess-Waltham	2067	0006142090	North Shore	2014	0006141820
Emerson	2018	0006140850	Norwood	2114	0006141630
Fairview	2052	0006141010	Quincy	2151	0006141740
Falmouth	2289	0006140923	St. Anne's	2011	0006140900
Faulkner	2048	0006140310	St. Elizabeth's	2085	0006140620
Franklin	2120	0006141020	St. Luke's	2010	0006141460
Good Samaritan	2101	0006140631	St. Vincent's	2128	0006142350
Hale	2131	0006141080	Saints Memorial	2029	0006141220
Harrington	2143	0006141890	Somerville	2001	0006141860
Health Alliance	2127	0006141190	South Shore	2107	0006141900
Heywood	2036	0006140980	Sturdy	2100	0006140080
Holy Family	2225	0006141355	Tobey	2106	0006142110
Holyoke	2145	0006141110	UMass. Med. Ctr	2841	0006142355
Hubbard	2157	0006142130	Union Atlanticare	2073	0006141260
Jordan	2082	0006141720	VA	2985	0006140570
Lahey	2342	0006140690	Whidden	2046	0006140880
Lawrence General	2099	0006141170	Winchester	2094	0006142280
Lawrence Memorial	2038	0006141330	Wing	2181	0006141660
Lemuel Shattuck applicable	2821	not			

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Sequence Number--Hospital

NAACCR Version 9.1 Item 560, columns 295-296

Sequence Number represents the chronological order of a patient's neoplasms during his/her lifetime, whether they exist at the same or at different times, and whether or not they are entered in the reporting facility's registry.

### Malignant Tumors

Codes for **malignant primaries** (Behavior Code **2** or **3**) are as follows:

Tumor Sequence	Code
1 primary malignancy only	<b>00</b>
first of 2 or more malignant primaries	<b>01</b>
second of 2 or more malignant primaries	<b>02</b>
third of 3 or more malignant primaries	<b>03</b>
(actual number of subsequent primary)	<b>...</b>
twenty-fifth of 25 malignant primaries	<b>25</b>
*unknown	<b>99*</b>

\* This code is only to be used when there is a substantial reason to believe that the patient had a previous malignancy, but it is not *definitely* known. If, however, the patient has undergone a procedure that *might have been* for cancer, but there is no substantial reason for assuming that it *was* for cancer, do not enter code **99**. For example, in the absence of specific information indicating cancer, a previous hysterectomy or the removal of a rectosigmoid polyp would not be sufficient reason for entering code **99**.

Sequence code **00** indicates that the patient has only one primary malignancy. The sequence code for this case should be changed from **00** to **01** if the patient develops a second primary malignancy. Sequence code **01** indicates that the case is the first of multiple primaries.

*Example:* In January 1998, the hospital registry assigns Sequence Number **00** to a primary colon cancer case. This patient develops a second primary cancer, of the pancreas, in October 2001. Assign Sequence Number **02** to the second (pancreatic) cancer, and change the Sequence Number of the first (colon) cancer to **01**.

No codes between **25** and **99** are allowed in this field.

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### **Nonmalignant Tumors** (Benign, Borderline, Uncertain Behavior)

Codes for **nonmalignant tumors** (Behavior Code **0** or **1**) are as follows:

<b>Tumor Sequence</b>	<b>Code</b>
1 benign tumor only; or the first of 2 or more nonmalignant tumors	<b>AA</b>
second of 2 or more nonmalignant tumors	<b>BB</b>
third of 3 or more nonmalignant tumors	<b>CC</b>
(letters representing actual number of subsequent nonmalignant tumor)	<b>...</b>
unspecified number of nonmalignant tumors	<b>XX</b>

The nonmalignant sequence code does not affect the malignant sequence code -- they are independent.

*Example:* A patient develops colon cancer in 1995. The Sequence Number is **00**. The patient develops a benign meningioma in 2001. Meningiomas are reportable-by-agreement in the reporting facility (and reportable to the MCR), so the registry assigns the Sequence Number **AA** (one benign tumor only). The Sequence Number for the first primary (colon) remains **00**.

You should sequence tumors according to the rules of your facility's registry. The MCR assigns its own Sequence Numbers in a separate field on our system according to our own registry's rules.

*Example:* A patient's first neoplasm is a regionalized basal cell skin cancer; the second is a benign brain tumor; the third is a lung carcinoma. If your facility collects regionalized skin cancers, you will assign a Sequence Number **01** to that case even though it will not be reported to the MCR. You will send the MCR the benign brain tumor sequenced **AA** and the lung cancer sequenced **02**. We will assign our own Sequence Numbers to these two cases in a separate field ("Sequence Number--Central" in the NAACCR record layout.)

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When malignancies are diagnosed simultaneously, assign the lower (smaller) Sequence Number to the primary with the worse prognosis. When the prognoses are alike, the assignment of a Sequence Number is arbitrary.

*Examples:* A patient is diagnosed with simultaneous carcinoma *in situ* of a vocal cord and invasive adenocarcinoma of the colon. Assign Sequence Number **01** to the invasive primary and **02** to the *in situ* case.

A patient has simultaneous adenocarcinoma *in situ* in a colon polyp and squamous cell carcinoma *in situ* in a vocal cord polyp. Assign Sequence Numbers as you choose because both cases have similar prognoses.

The Sequence Number counts the patient's primaries. When multiple institutions treat a patient, the Sequence Number of each case should be the same at each institution if both facilities follow the same reportability rules and are aware of the patient's cancer history.

*Example:* The reporting facility diagnoses a patient with lung cancer. The patient has a history of colon cancer that was diagnosed and treated elsewhere. The lung cancer is known to be the second of this patient's cases, so assign a Sequence Number of **02** to the lung cancer.

PLEASE -- If you know that a patient had or has a cancer(s) in addition to the particular case you're reporting to us, record in the "Comments/Narrative Remarks" field any important information you know about the diagnoses and diagnosis dates of these other cases. This information helps the MCR match and link patient and tumor data from multiple facilities, and its inclusion will mean fewer telephone calls to your registry when we are trying to understand the patient's cancer history and resolve case sequencing. For example, the Comments field might say "breast cancer 1990; bladder TCC June 1993".

### Sequence Number--Central

NAACCR Version 9.1 Item 380, columns 217-218

This field is not collected from you. It is generated at the MCR and is used in running several automated edit checks on our cases. This field may differ from your Hospital Sequence Number code, and it has different data standards than the Hospital field (its codes are only numeric, codes up to **35** are valid, and a special code **98** may be used for cervical carcinomas *in situ* diagnosed after 1995). This field enables us to sequence cases as we wish at the central registry, while allowing you to sequence them as *you* wish at your facility.

## PATIENT INFORMATION cont.

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### Year First Seen for This Primary

NAACCR Version 9.1 field "Year First Seen This Ca", Item 620, columns 325-328

Enter the year during which the patient was first seen *at your facility* for the diagnosis or treatment of the neoplasm being reported. It is not necessarily the year that you accessioned the case. "Year First Seen for *This Primary*" relates only to *one* primary tumor. A patient with multiple primaries may have a different "Year First Seen for This Primary" on each case. Only years *after* your registry's reference date should be entered. Include all four digits.

*Examples:* A patient had surgery for rectal carcinoma at another institution in December 1999, and started radiation at your facility in January 2000. Assign **2000** as the "Year First Seen for This Primary" at your facility. Your registry's reference date is January 1, 1998. A patient was diagnosed at your facility in 1997, and you are now providing treatment for recurrence of this disease in 2001. Assign the treatment year **2001** as "Year First Seen for This Primary" because the patient was first seen *before* your reference date.

If a patient had a previous cancer case, the "Year First Seen for This Primary" may differ from the first two digits of the "Accession Number".

*Example:* The patient had a breast primary in 2001 and was assigned "Accession Number" 200100150, and the "Year First Seen for This Primary" was recorded as **2001**. The patient developed a second primary (kidney) in 2002. Designate **2002** as the "Year First Seen" for the kidney primary, but keep the same "Accession Number".

Patients seen at the end of a calendar year may present unusual problems. A patient may have inconclusive scans or tests in December and be diagnosed in January. Use the year of diagnosis as the "Year First Seen for This Primary" in such instances.

*Example:* A patient is admitted to the reporting facility in December 1999 and is diagnosed with cancer in January 2000. Assign **2000** as the "Year First Seen for This Primary".

**PATIENT INFORMATION cont.**

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**Primary Payer at Diagnosis**

NAACCR Version 9.1 field "Primary Payer at Dx", Item 630, columns 329-330

This field reflects the primary payer *at the time of diagnosis*. Do not update this if the payer changes later. If more than one category applies around the time of diagnosis, code whichever payer provided the *largest* amount. The diagnosing institution usually has the most reliable information to code this field. If your facility is seeing the patient quite some time after diagnosis and you are not certain of the payer *at* diagnosis, use the **88** code (or **00** if you suspect that the patient had no insurance when diagnosed, or **99** if you aren't even sure if s/he was insured then at all).

The codes are as follows:

<b>Primary Payer at Diagnosis</b>	<b>Code</b>
not insured, NOS (unknown if patient self-paid or was a charity write-off)	<b>00</b>
Not insured, charity write-off/free care provided	<b>01</b>
Not insured, patient self-paid	<b>02</b>
private insurance (not covered by codes <b>20-47</b> )	<b>10</b>
managed care provider, NOS	<b>20</b>
Health Maintenance Organization (HMO)	<b>21</b>
Preferred Provider Organization (PPO)	<b>22</b>
State funded, NOS	<b>30</b>
Medicaid	<b>31</b>
Transitional Assistance (Welfare)	<b>32</b>
Federally funded, NOS	<b>40</b>
Medicare (for retired or disabled patients)	<b>41</b>
Medicare with supplement (costs not covered by Medicare were paid by another type of insurance)	<b>42</b>
CHAMPUS/TriCare (for military personnel or their dependents treated at a nonmilitary facility)	<b>43</b>
Military (for personnel/dependents treated at a military facility)	<b>44</b>
Veterans Administration	<b>45</b>
Indian Health Service	<b>46</b>
Public Health Service	<b>47</b>
insured, NOS (an unknown insurer)	<b>88</b>
unknown if insured or not ( <u>not</u> an unknown insurer)	<b>99</b>

## PATIENT INFORMATION cont.

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Medical Record Number

NAACCR Version 9.1 Item 2300, columns 1650-1660

Enter the patient's identifying Medical Record Number. If the patient has not been assigned a Medical Record Number by your facility's health information department, letter codes may be attached to some other type of identifier (for example, add "OP" to the end of some identifying number assigned by an outpatient therapy unit):

<b>Reason a Medical Record Number Can't Be Reported</b>	<b>Add on codes</b> (when there's no actual Medical Record Number)
Medical Record Number is unknown.	<b>UNK</b>
Outpatient treatment only	<b>OP</b>
Pathology only	<b>PATH</b>
Radiation therapy only	<b>RT</b>
One-day surgical clinic only	<b>SU</b>

The MCR uses Medical Record Number to help identify patients when communicating with the reporting facility, and to help identify multiple case reports for the same patient from a facility. The field is not edited by the MCR, so it may include any punctuation or special characters used at your facility in Medical Record Numbers or other assigned identifiers.

Abstracted By

NAACCR Version 9.1 Item 570, columns 297-299

Enter the initials of the individual who abstracted the case. Do not code the data entry person unless that person was also the abstractor. If your facility uses *numbers* in this field, these will be meaningless to the MCR; so your data system should translate these codes into alphabetic initials when a case report is exported for us.

## PATIENT INFORMATION cont.

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### Date of First Contact

NAACCR Version 9.1 field "Date of 1st Contact", Item 580, columns 300-307

(This field used to be called "Date of Admission or First Contact".) Enter the date the patient was first admitted to or seen at your facility (in MMDDCCYY format) for the diagnosis and/or treatment of this case. Use the following rules:

- inpatient: first date of admission as an inpatient for the neoplasm being reported, or the date when diagnosis of a reportable neoplasm was made during a long-term hospitalization for another condition
- outpatient: date the patient was first diagnosed, treated, or seen as an outpatient for the neoplasm being reported (for example, for an outpatient biopsy, x-ray, scan or laboratory test)
- autopsy: date of death for a case diagnosed at autopsy (not necessarily the autopsy date)

### Managing Physician Name

stored in NAACCR Version 9.1 field "State/Requestor Items", Item 2220, columns 1026-1076

This is not a standard field in the NAACCR case record layout. When you enter a code number into the standard field "Physician--Managing" (Item 2460, columns 1847-1854), your data system should translate this code into a full alphabetic name for us, and store that name in columns 1026-1076 of the record layout. The name need not be in any particular format, but we hope that your system produces as *complete* a name as possible (for example, "Smith John James" rather than just "J. Smith" in case there is more than one physician with this name at your facility). Titles such as "M.D.", "D.D.S.", etc. do not have to be included.

Determine the physician most responsible for the patient's cancer care. It is this physician who may be contacted regarding enrollment of the patient in a special study or about permission for a researcher to contact the patient or patient's family. Although several physicians may be involved in the care of a patient, one tends to manage the patient's cancer care. If there is question as to which physician to record, choose the discharging physician.

## PATIENT INFORMATION cont.

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### Patient Name

A standardized format for recording patient name is essential for matching and linking all of a patient's case records. If three facilities send in the same patient name expressed in different ways (for example, Jane Doe Buck, Jane Doe-Buck and Jane D. Buck), it becomes more difficult for us to recognize that these three records are for the same patient. When matching patient names from our data system to mortality data or any other electronic data files, differences in name formatting are also problematic.

Last Name
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NAACCR Version 9.1 field "Name--Last", Item 2230, columns 1526-1550

Enter the patient's surname, preferably without punctuation or spaces. For people with more than one surname separated by a space or a hyphen, enter the compound name in this single field. For example, "Doe-Buck" or "Doe Buck" is entered as **Doebuck**; "O'Neill" is entered as **Oneill**. If a last name begins with the word "Saint", abbreviate "Saint" and connect it to the rest of the name (for example, "Saint John" is entered as **Stjohn**). Do not enter titles and designations such as Mr., Mrs., Dr., Rev., Br., Sr., Jr., III, etc. in this field. (See the field "Name Suffix".) The "Last Name" field may not be empty.

If punctuation (hyphen, apostrophe, period) or embedded spaces are included in this field, we prefer that your data system filter/remove them when an MCR data file is prepared. If punctuation/spaces are sent in, our data system will remove them upon upload, but your original data may not pass our pre-upload ("scan") edits.

Name Suffix
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NAACCR Version 9.1 field "Name--Suffix", Item 2270, columns 1582-1584

"Name Suffix" is an identifier following a person's last name -- usually a generation identifier (such as Senior, Junior, III) -- which helps distinguish patients with the same name. Do not use punctuation. If multiple suffixes are used, the generation-specific suffix (Junior, Third, etc.) is to be recorded (rather than an occupation-related suffix).

Identifier	Abbreviation
Junior	<b>Jr</b>
Senior	<b>Sr</b>
the Third	<b>III</b>
the Fourth	<b>IV</b>

Leave the field empty if the patient does not have a "Name Suffix", or if it is unknown.

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### First Name

NAACCR Version 9.1 field "Name--First", Item 2240, columns 1551-1564

Enter the patient's first name. For patients with a compound first name (e.g., Mary Jane), include the space separating the parts of the name (**Mary\_Jane**). For a patient who usually uses only the first letter of his/her first name and is known by the middle name (e.g., C. Douglas Jones), enter the first initial and the middle name, separated by a space, into the "First Name" field (**C\_Douglas**); then leave the "Middle Name" field blank.

For patients with religious or other titles (e.g., Sister Mary White or Doctor Mary White), enter only the patient's first name (**Mary**) in the first name field; do not enter the patient's title here. (The MCR obtains information on religious and other occupational titles in the occupation/industry fields.)

For patient name matching and other functions of our data system, this field cannot be empty for the MCR. We may have to contact you for clarification whenever a "First Name" comes in empty.

### Middle Name

NAACCR Version 9.1 field "Name--Middle", Item 2250, columns 1565-1578

Enter the patient's entire middle name whenever possible. If only the middle initial is known, enter just this. Leave empty if there is no middle name/initial, or if it is unknown. This field may contain embedded spaces.

### Maiden Name

NAACCR Version 9.1 field "Name--Maiden", Item 2390, columns 1770-1784

Enter the maiden name of a female patient, preferably without punctuation or embedded spaces. Leave the field empty if maiden name is not applicable or not known (i.e., leave the field empty for males and for any female whose maiden name is identical to her surname). Do not enter an alias or "aka" name here (see next field description).

If you enter punctuation or spaces in this field, we prefer your data system to filter/remove them when an MCR data file is prepared. If punctuation/spaces are sent in, our data system will remove them upon upload, but your original data may not pass our pre-upload ("scan") edits.

## PATIENT INFORMATION cont.

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Alias
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NAACCR Version 9.1 field "Name--Alias", Item 2280, columns 1585-1599

Patients may sometimes use different names or nicknames, or may have had different names at different times in their lives. These "also known as" or "aka" names are categorized as aliases. This item is needed to match multiple case reports for a patient having records under different names.

If the patient uses an alias for a first name only, record the actual last name, followed by a blank space and the first name alias.

*Example:* Ralph Williams also uses the name Bud Williams. Record **Williams\_Bud** in the "Alias" field.

If the patient uses only a last name alias, record the last name alias, followed by a blank space and the actual first name.

*Example:* Janice Smith also uses the name Janice Brown. Record **Brown\_Janice**.

If the patient uses an alias for both first and last names, record the last name alias followed by a blank space and the first name alias.

*Example:* Joe Jones also uses the name Sam Smith. Record **Smith\_Sam** in the "Alias" field.

If the field is too short (at 15 characters) to contain the entire "aka" name, fill in as much as you can. Leave the field empty if the patient does not have an alias, or if the alias is unknown.

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Birth Date

NAACCR Version 9.1 Item 240, columns 82-89

Enter the patient's date of birth in MMDDCCYY format. If the month or day has only one digit, enter a zero before the number. Enter all four digits of the birth year.

Estimate the year of birth when exact information is unavailable, and indicate in the "Comments/Narrative Remarks" field that the date entered is only an estimate. (It is preferable to estimate than to code the year as unknown.) ONLY enter **9999** if there is no basis for estimating a birth year.

*Example:* The patient is 70 years old when diagnosed on June 15, 1993. The medical record has no exact birth date. Record unknown month (**99**) and day (**99**), and estimate the year as 1923. The complete birth date entered would be **99991923**; and the "Comments" field should include the important fact that the birth year was estimated.

Month	Code
January	<b>01</b>
February	<b>02</b>
March	<b>03</b>
April	<b>04</b>
May	<b>05</b>
June	<b>06</b>
July	<b>07</b>
August	<b>08</b>
September	<b>09</b>
October	<b>10</b>
November	<b>11</b>
December	<b>12</b>
unknown	<b>99</b>

Day	Code
first	<b>01</b>
second	<b>02</b>
third	<b>03</b>
...	<b>..</b>
...	<b>..</b>
...	<b>..</b>
thirty-first	<b>31</b>
unknown	<b>99</b>

Year	Code
1890	<b>1890</b>
1990	<b>1990</b>
unknown*	<b>9999</b>

\*Try to estimate year rather than use unknown!

## PATIENT INFORMATION cont.

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Age at Diagnosis
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NAACCR Version 9.1 Item 230, columns 79-81

Enter the patient's age at the time of initial diagnosis. Age is measured in completed years of life (age at the last birthday before diagnosis).

Note that the patient's age at admission may not be the patient's age on the date of diagnosis. To calculate "Age at Diagnosis", subtract the year of the patient's birth from the year of diagnosis; if the patient's birthday is after the date of diagnosis, subtract one year from that calculated age.

*Example:* A patient develops cancer in March 2002. The patient's date of birth is December 1932. Subtract 1932 from 2002 to get a calculated age of 70. Since the patient has not yet had a birthday this year (2002), subtract one year from the calculated age. The patient was therefore 69 at diagnosis. Enter **069**.

Number of years of age at last birthday	Code
less than 1 year old	<b>000</b>
1 year old, but less than 2	<b>001</b>
2 years old, but less than 3	<b>002</b>
...	...
98 years old, but less than 99	<b>098</b>
...	...
one hundred twenty years old	<b>120</b>
unknown	<b>999</b>

The patient's age helps to validate the Birth Date, and it is the basis for grouping patients into age categories for statistical purposes. If your computer system automatically calculates age for you, please check that the "Age at Diagnosis" field makes sense for the case. It is easy to mis-enter a digit in the Birth Date (or enter the diagnosis year instead of the birth year) and produce a non-sensical "Age at Diagnosis" (e.g., an infant who is divorced, a retired teacher, smokes, and has prostate cancer).

If a patient's age is unusual for his or her diagnosis (like a young man with prostate cancer), please note that you have verified this unusual combination in the **Comments/Narrative Remarks** field.

**PATIENT INFORMATION cont.**

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Birthplace

NAACCR Version 9.1 Item 250, columns 90-92

Enter the code for the patient's Birthplace (see Appendix A). Continents, foreign countries and U.S. regions and states are included in these codes. Codes for Massachusetts and nearby states are shown here for convenience:

State	Code	State	Code
Massachusetts	<b>005</b>	New York	<b>011</b>
Connecticut	<b>007</b>	Pennsylvania	<b>014</b>
Maine	<b>002</b>	Rhode Island	<b>006</b>
New Hampshire	<b>003</b>	Vermont	<b>004</b>
New Jersey	<b>008</b>		

Enter **000** for Birthplace in the U.S., exact state or region unknown.

Enter **998** for Birthplace outside the U.S. if the country or continent is unknown.

Enter **999** only for a completely unknown Birthplace.

We appreciate that it can be difficult to code this field, but Birthplace is important to some areas of public health research. Use your best judgment to code this field, and don't be afraid to make an "educated guess" if the medical record lacks specifics. Avoid using code **999** -- see if there is anything to at least indicate a probable foreign birth (**998**) or probable U.S. birth (**000**).

Be as specific as possible in coding Birthplace, but please note that you don't always need very exact information to avoid using an "unknown" code. Appendix A includes codes for many non-specific regions that would be preferable to a complete unknown. A few examples of "NOS" codes that could be used when you have only partial information follow:

NOS Region examples	Code	NOS Region examples	Code
Southeastern U.S.	<b>030</b>	Scandinavia, NOS	<b>420</b>
Northern Midwest U.S.	<b>050</b>	Eastern Europe, NOS	<b>499</b>
Caribbean, NOS	<b>245</b>	Africa, NOS	<b>500</b>
Central America, NOS	<b>250</b>	Asia, NOS	<b>600</b>
Latin America, NOS	<b>265</b>	East Asia, NOS	<b>680</b>

## PATIENT INFORMATION cont.

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Social Security Number
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NAACCR Version 9.1 Item 2320, columns 1663-1671

Enter the patient's Social Security Number without dashes. This is vital for proper patient identification. It is used primarily to identify multiple reports for patients whose names have changed or been reported differently by different facilities (different spellings, for example).

Enter nine numerals. This number may be used as a Medicare claim number; however, a patient's Medicare claim number may not be that patient's Social Security Number (but rather, that of the spouse). Please try to ascertain the patient's own Social Security Number.

Do not enter a Social Security Number that begins or ends with "B" or "D". These letters identify a spouse's Social Security Number (the letter indicates that the patient receives benefits under the spouse's number). Enter **99999999** for these patients. Do *not* knowingly enter a spouse's (or someone else's) Social Security Number when you can find no Social Security Number for the patient -- use **99999999** instead.

If the patient has no Social Security Number or if it is unknown, enter **99999999**. The field should not be empty, and it should not be filled with zeroes.

### Address at Diagnosis

Address at diagnosis is used in determining cancer rates within geographic areas (for example, the MCR publishes case counts by town of residence at diagnosis). Therefore it is very important that the patient's own residence address at the time of diagnosis be reported. This may not be the patient's current or mailing address.

*Becoming ill* often changes a patient's living situation abruptly right around the time of diagnosis, especially for the elderly. Every effort should be made to determine the patient's address at diagnosis.

If a patient has multiple primaries over time, the address at diagnosis may be different for subsequent tumors. Do not update the "Address at Diagnosis" fields for a given primary if the patient moves later.

## PATIENT INFORMATION cont.

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The MCR has adapted the rules for determining residency of the U.S. Bureau of the Census. It is important to follow the rules exactly so that MCR data can be compared with data from other sources, and so that Census population data can be applied to our cancer data correctly. The following rules apply to entering the address.

- Enter the address of the patient's usual residence on the Date of Diagnosis. "**Usual residence**" is where the patient lives and sleeps most of the time, and is not necessarily the legal or voting residence. Do not record an address where the patient may be staying temporarily, such as a friend's or relative's local address. If both a street address and a P.O. Box (or other mailing address) are given, enter the street address.
- If the patient has more than one home (e.g., lives on Cape Cod in summer and in Florida during winter), enter the residence where the patient lives most of the time. If that cannot be determined, or if they spend six months in each place, enter whichever address was given to your facility by the patient and please note in the "Comments/Narrative Remarks" field whatever you know about the patient's non-Massachusetts residence.
- For military personnel and their families living on a military base, enter the specific street address on the base. For military personnel living off-base, enter that off-base address.
- For institutionalized patients, including those incarcerated or in long-term care facilities, their address is that of the institution. The institution's street address (rather than just its name) is preferred.
- Use the at-diagnosis address for college students (where he/she lives most of the year -- probably at or near the college). For children in boarding schools below college level, enter the parents' address. Children in joint custody situations should be assigned the address where they live most of the time; if living time is divided equally between two parental addresses, record the first address reported to your facility.
- For Class 3 or 4 cases, the patient's usual residence may have changed since diagnosis. The address *at diagnosis* is preferred. If that is unknown, enter the patient's address on admission to your facility, or a current address; please note in the "Comments/Narrative Remarks" field if the "Address at Diagnosis" reported is actually a *current* address.
- If the patient is homeless or transient with no usual residence, use the address where he/she was staying when diagnosed (e.g., a shelter or the diagnosing institution). Please note in the "Comments/Narrative Remarks" field that the patient was homeless.
- For live-in professional caregivers (such as nannies, *au pairs*, nurses, etc.), report the address where they live and sleep most of the time.

## PATIENT INFORMATION cont.

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Street Address at Diagnosis

NAACCR Version 9.1 field "Addr at Dx--No & Street", Item 2330, columns 1672-1696

Enter the building number and street of the patient's usual permanent residence at the time of diagnosis. Only use numbers, letters and the number symbol(#), slash(/), hyphen(-) or period(.) in this field. Include foreign street addresses. Be as specific as possible.

Building numbers should precede street names. Unit designations should be placed directly after the building number (e.g., **123E Main St**) or after the street name (e.g., **123 Main St Apt E**). If the building number contains "½" (e.g., 38½ Main Street), enter this using the format **38\_1/2\_Main St**. Whenever possible, avoid entering just a building's name (e.g., Nice View Apartments or Smith Rest Home) without its street address.

25 characters are allotted to this field. Use abbreviations as needed (see below for common standard abbreviations used in addresses, and Appendix F for a complete list.). If you run out of space, omit the less important elements of a street address, such as an apartment number. Do not omit those elements needed to locate the address in a census tract, such as building number, full street name, and street type. If there is not enough room to include the *entire* apartment/unit number, then omit the entire apartment/unit number rather than truncate it (for example, if apartment "#1234" would have to be truncated at "#12" in order to fit into the field, please leave the apartment number out rather than have it appear that the patient lives in apartment #12; units within a building may have different environmental exposures).

Do not update this field for a given primary if the patient's address changes after diagnosis.

Some standard postal abbreviations:

Avenue	<b>Ave</b>	Heights	<b>Hts</b>	Road	<b>Rd</b>
Boulevard	<b>Bldv</b>	Highway	<b>Hwy</b>	Route	<b>Rte</b>
Building	<b>Bldg</b>	Lane	<b>Ln</b>	Square	<b>Sq</b>
Circle	<b>Cir</b>	Manor	<b>Mnr</b>	Street	<b>St</b>
Court	<b>Ct</b>	Mountain	<b>Mtn</b>	Terrace	<b>Ter</b>
Crescent	<b>Cres</b>	Parkway	<b>Pkwy</b>	Trail	<b>Trl</b>
Drive	<b>Dr</b>	Place	<b>Pl</b>	Turnpike	<b>Tpke</b>
Extension	<b>Ext</b>	Plaza	<b>Plz</b>	Village	<b>Vlg</b>
Gardens	<b>Gdns</b>	Point	<b>Pt</b>		

If the street address cannot be determined, enter "**Unknown**". Do not leave this field empty, or we will have to assume that it was left incomplete accidentally.

## PATIENT INFORMATION cont.

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### City / Town at Diagnosis

NAACCR Version 9.1 field "Addr at Dx--City", Item 70, columns 22-41

Enter the name of the city/town of residence. For patients using mailing addresses (such as P.O. boxes), try to determine the usual street address and town of residence. This may not be the mailing address' town or post office name. Use standard abbreviations. Include spaces for city/town names consisting of more than one word (**New\_Bedford**).

If a patient's usual residence is in a foreign country, enter the name of the foreign city/town. Space permitting, you may also enter the country's name here (the MCR does not collect the country's name or code in a separate field), or give us the foreign country name in the "Comments/Narrative Remarks" field.

Do not update this field for a given primary if the patient's address changes after diagnosis. If the city/town where the patient lived at the time of diagnosis cannot be determined, enter "**Unknown**". Do not leave this field empty.

### State at Diagnosis

NAACCR Version 9.1 field "Addr at Dx--State", Item 80, columns 42-43

Enter the standard two-letter U.S. Postal Service abbreviation for the state/province of residence at diagnosis (see **Table III** on the next page). If the patient has multiple primaries, each address may be different for subsequent tumors. Do not update this field for a given primary if the patient's address changes after diagnosis.

If the patient lived inside the U.S. (including its territories, commonwealths/possessions listed in **Table III**) or Canada at diagnosis, but the specific *state/province* is *unknown*, enter **XX**.

If the patient lived outside the U.S. (including its territories, commonwealths/possessions in **Table III**) and outside Canada at diagnosis and the *country* of residence is *known*, enter **XX**.

If the patient lived outside the U.S. (including its territories, commonwealths/possessions in **Table III**) and outside Canada at diagnosis and the *country* is *unknown*, enter **YY**.

Only if the country is *completely* unknown (i.e., you cannot even determine if the address is in the U.S./Canada or not), enter **ZZ**.

For foreign (non-U.S./Canadian) residents, the MCR does *not* collect country name/code in its own field. You may include the country name in the "City / Town" field if it will fit, or give it to us in the "Comments/Narrative Remarks" field.

**PATIENT INFORMATION cont.**

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**Table III**

**Common Codes for the State Field**

United States:

<b>State</b>	<b>Code</b>	<b>State</b>	<b>Code</b>	<b>State</b>	<b>Code</b>
Alabama	<b>AL</b>	Kentucky	<b>KY</b>	North Dakota	<b>ND</b>
Alaska	<b>AK</b>	Louisiana	<b>LA</b>	Ohio	<b>OH</b>
Arizona	<b>AZ</b>	Maine	<b>ME</b>	Oklahoma	<b>OK</b>
Arkansas	<b>AR</b>	Maryland	<b>MD</b>	Oregon	<b>OR</b>
California	<b>CA</b>	Massachusetts	<b>MA</b>	Pennsylvania	<b>PA</b>
Colorado	<b>CO</b>	Michigan	<b>MI</b>	Rhode Island	<b>RI</b>
Connecticut	<b>CT</b>	Minnesota	<b>MN</b>	South Carolina	<b>SC</b>
Delaware	<b>DE</b>	Mississippi	<b>MS</b>	South Dakota	<b>SD</b>
District of Columbia	<b>DC</b>	Missouri	<b>MO</b>	Tennessee	<b>TN</b>
Florida	<b>FL</b>	Montana	<b>MT</b>	Texas	<b>TX</b>
Georgia	<b>GA</b>	Nebraska	<b>NE</b>	Utah	<b>UT</b>
Hawaii	<b>HI</b>	Nevada	<b>NV</b>	Vermont	<b>VT</b>
Idaho	<b>ID</b>	New Hampshire	<b>NH</b>	Virginia	<b>VA</b>
Illinois	<b>IL</b>	New Jersey	<b>NJ</b>	Washington	<b>WA</b>
Indiana	<b>IN</b>	New Mexico	<b>NM</b>	West Virginia	<b>WV</b>
Iowa	<b>IA</b>	New York	<b>NY</b>	Wisconsin	<b>WI</b>
Kansas	<b>KS</b>	North Carolina	<b>NC</b>	Wyoming	<b>WY</b>

Canada:

<b>Province</b>	<b>Code</b>
Alberta	<b>AB</b>
British Columbia	<b>BC</b>
Manitoba	<b>MB</b>
New Brunswick	<b>NB</b>
Newfoundland	<b>NF</b>
Northwest Territories	<b>NT</b>
Nova Scotia	<b>NS</b>
Nunavut	<b>NU</b>
Ontario	<b>ON</b>
Prince Edward Island	<b>PE</b>
Quebec	<b>QC</b>
Saskatchewan	<b>SK</b>
Yukon Territory	<b>YT</b>

U.S. Territories/Commonwealths/Possessions:

<b>Locality</b>	<b>Code</b>
American Samoa	<b>AS</b>
Federated States of Micronesia	<b>FM</b>
Guam	<b>GU</b>
Marshall Islands	<b>MH</b>
Northern Mariana Islands	<b>MP</b>
Palau (Belau)	<b>PW</b>
Puerto Rico	<b>PR</b>
Trust Territories	<b>TT</b>
Virgin Islands	<b>VI</b>

Other codes:

U.S., NOS	<b>XX</b>
Canada, NOS	<b>XX</b>
Not U.S./Canada, country known	<b>XX</b>
Not U.S./Canada, country unknown	<b>YY</b>
Complete unknown	<b>ZZ</b>

## PATIENT INFORMATION cont.

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ZIP / Postal Code at Diagnosis
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NAACCR Version 9.1 field "Addr at Dx--Postal Code", Item 100, columns 47-55

Enter the patient's 5-digit ZIP Code (or nine-digit "ZIP+4" Code) corresponding to the street address at diagnosis. Do not enter a hyphen to separate the first five from the last four digits. For Canadian residents, enter their 6-character alphanumeric Postal Code. Do not update this field for a given primary if the patient's address changes after diagnosis.

For foreign (non-U.S./Canadian) residents, enter their foreign Postal Code, if available.

Enter **888888888** for foreign (non-U.S./Canadian) residents if their foreign Postal Code is unknown.

Enter **999999999** for U.S./Canadian residents if the patient's ZIP/Postal Code is unknown.

Enter **999999999** if the country of residence is completely unknown (i.e., you cannot even determine if the patient lives inside or outside the U.S./Canada).

S e x
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NAACCR Version 9.1 Item 220, column 78

Enter the appropriate code for the patient's sex/gender:

Sex	Code
male	1
female	2
other (including hermaphrodite and persons with sex chromosome abnormalities)	3
transsexual (persons who have undergone sex-change surgery)	4
not stated	9*

\* Please avoid this code! Rates cannot be calculated for unknown gender because population data cannot be assigned.

If the patient's gender is very unusual for his or her first name (a boy named "Sue", for example) but you have verified that both are correct, please put a note in the "Comments/Narrative Remarks" field. The MCR does quality control checks on unusual first name/gender code combinations.

## PATIENT INFORMATION cont.

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Marital Status at Diagnosis
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NAACCR Version 9.1 field "Marital Status at Dx", Item 150, column 70

Enter the patient's marital status at the time of initial diagnosis for each primary (case). This field is often important when a patient's residential (address) history is being researched because a change in marital status often results in a change of address.

If the patient is under 15 years of age, assume he/she has never married and enter code **1**. Do not update this field for a given primary if the patient's Marital Status changes after diagnosis. Marital Status may be coded differently for different primaries for a patient, but note that code **1** is *only* meant to be used when the patient has *never* been married. The field should not be left empty.

Marital Status at Diagnosis	Code
single (has <i>never</i> been married)	<b>1</b>
married (including common law)	<b>2</b>
separated	<b>3</b>
divorced	<b>4</b>
widowed	<b>5</b>
unknown	<b>9</b>

## PATIENT INFORMATION cont.

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### **Patient Race(s)**

Race data are important in public health research. If information regarding a patient's race is not recorded on the face sheet of the medical record, every attempt should be made to find it in the history and physical examination or other parts of the medical record.

Patient race coding has become more complicated! Up to five different races may be coded for each patient in accordance with U.S. Census Bureau procedures. [In the 2000 Decennial Census, about 150,000 Massachusetts residents (~2.3 % of the population) described themselves as multiracial; these tended to be young people, however, so the percentage of *cancer patients* who are multiracial may be much smaller at this time.]

For patients diagnosed in 2001 and later, all five race fields must contain a valid code and none may be left empty; for cases diagnosed before 2001, if the patient has no case diagnosed in 2001 or later, you may leave fields Race 2, Race 3, Race 4 and Race 5 empty. If a patient with a 2001 (or later) diagnosis also had a diagnosis from an earlier year, you should make sure that the complete race information is coded for both cases.

When coding race, it is important to remember that race is defined by specific physical heredity -- *not* by birthplace, place of residence, or cultural characteristics. The only exception to this rule involves the use of "Asian, NOS" and a race assumption based on an Asian birthplace -- see footnote #2 on each table of race codes that follows for details.

For patients described by a single race, code this in the "Race 1" field, and fill "Race 2", "Race 3", "Race 4" and "Race 5" with code **88** (meaning "no further races are recorded").

For multiracial patients, fill in the "Race 1", "Race 2", etc. fields with the appropriate codes (using the rules on the next page) that describe the patient's races, and fill the remaining race fields with **88** when no further races are documented.

## PATIENT INFORMATION cont.

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Unfortunately, there are not clear guidelines at this time for determining which race should be considered "Race 1" for multiracial patients beyond the rules below. If the medical record has conflicting information (e.g., a patient described in one place as "Black and Korean" and in another as "Korean and Black"), use your best judgment to determine how to assign the codes. It is important to understand that "Race 1" will *not always* reflect a multiracial patient's "main" race -- for example, someone with one Black grandparent and three White grandparents is assigned "Race 1"=Black and "Race 2"=White in accordance with the rules below. "Race 1" should indicate the "primary" race of a multiracial patient, or the race that the patient identified first, with the following provisions:

- If a patient's race is recorded as a combination of White and any other race(s), code the *other* race(s) before White.  
*Example:* Patient is recorded "White and Native American". Code Race 1 as **03** for American Indian, Race 2 as **01** for White, and Races 3/4/5 as **88**.
- If a patient is a combination of Hawaiian and any other race(s), code Hawaiian first.  
*Example:* Patient is recorded "Japanese and Native Hawaiian". Code Race 1 as **07** for Native Hawaiian, Race 2 as **05** for Japanese, and Races 3/4/5 as **88**.
- Otherwise, code "Race 1" as the first recorded non-White race.
- Code **96** is used for two different categories of Asians. **96** may indicate unspecified "Asian, NOS" *or* it may indicate some *specific* Asian race that is not covered by the main Asian codes. Do *not* use **96** for "Asian, NOS" in a subsequent field if a specific Asian race(s) has already been coded.  
*Example:* Patient is "Vietnamese and some other Asian race". Code Race 1 as **10** for Vietnamese and Races 2/3/4/5 **88**. Do *not* enter **96** for the additional Asian multiracial information; the patient is coded as if *completely* Vietnamese.
- **99** can only be used when all five race fields are filled with it. A multiracial person cannot be coded, for example, as "Chinese and some unknown race". If a multiracial heredity is only partially known, it is probably best to code just the known information.

If a patient's race is unknown, s/he may be multiracial. All five fields must be **99** to indicate unknown races.

Code **88** for "no further race(s) documented" is not valid for the "Race 1" field.

Among the five fields, *except for codes 88 and 99*, a race code may be used only once.

*Example:* If a patient (often a child) is described as "Black/White and Black/Asian" (i.e., the patient's parents are both multiracial), do not code Black twice. Race 1 is **02** for Black, Race 2 is **96** for Asian, Race 3 is **01** for White, and Races 4/5 are **88**.

**PATIENT INFORMATION cont.**

**Race 1**

NAACCR Version 9.1 Item 160, columns 71-72

Use the following codes to enter the patient's single race, or the first of multiple races:

<b>Race 1</b>	<b>Code</b>	<b>Race 1</b>	<b>Code</b>
White <sup>1</sup>	<b>01</b>	Micronesian, NOS	<b>20</b>
Black; African American; Negro	<b>02</b>	Chamorroan	<b>21</b>
American Indian; Aleutian; Eskimo; Native North American	<b>03</b>	Guamanian, NOS	<b>22</b>
		Polynesian, NOS	<b>25</b>
Chinese	<b>04</b>	Tahitian	<b>26</b>
Japanese	<b>05</b>	Samoan	<b>27</b>
Filipino	<b>06</b>	Tongan	<b>28</b>
Hawaiian (Native)	<b>07</b>	Melanesian, NOS	<b>30</b>
Korean	<b>08</b>	Fiji Islander	<b>31</b>
Asian Indian; Bangladeshi; Bhutanese; Nepalese; Pakistani; Sikkimese; Sri Lankan	<b>09</b>	New Guinean	<b>32</b>
		other Asian race (including Indonesian, Burmese/Myanmaran);	<b>96</b>
Vietnamese	<b>10</b>	Asian, NOS; Oriental, NOS <sup>2</sup>	
Laotian	<b>11</b>		
Hmong	<b>12</b>	Pacific Islander, NOS	<b>97</b>
Kampuchean; Cambodian; Khmer	<b>13</b>	some other known race <sup>3</sup>	<b>98</b>
Thai	<b>14</b>	unknown <sup>4</sup>	<b>99</b>

- <sup>1</sup> If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican or Cuban, assume that the patient is White.
- <sup>2</sup> When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient is described just as "Asian" and was born in Japan, enter code **05** for Japanese rather than **96**.
- <sup>3</sup> This race can't be assigned to one of the codes **01 - 97**.
- <sup>4</sup> All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**PATIENT INFORMATION cont.**

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Race 2

NAACCR Version 9.1 Item 161, columns 204-205

Use the following codes to enter the patient's second race (enter **88** if the patient is not multiracial):

<b>Race 2</b>	<b>Code</b>	<b>Race 2</b>	<b>Code</b>
White <sup>1</sup>	<b>01</b>	Chamorroan	<b>21</b>
Black; African American; Negro	<b>02</b>	Guamanian, NOS	<b>22</b>
American Indian; Aleutian; Eskimo; Native North American	<b>03</b>	Polynesian, NOS	<b>25</b>
		Tahitian	<b>26</b>
Chinese	<b>04</b>	Samoan	<b>27</b>
Japanese	<b>05</b>	Tongan	<b>28</b>
Filipino	<b>06</b>	Melanesian, NOS	<b>30</b>
Hawaiian (Native)	<b>07</b>	Fiji Islander	<b>31</b>
Korean	<b>08</b>	New Guinean	<b>32</b>
Asian Indian; Bangladeshi; Bhutanese; Nepalese; Pakistani; Sikkimese; Sri Lankan	<b>09</b>	no further race(s) documented	<b>88</b>
		other Asian race (including Indonesian, Burmese/Myanmaran);	<b>96</b>
Vietnamese	<b>10</b>	Asian, NOS; Oriental, NOS <sup>2</sup>	
Laotian	<b>11</b>		
Hmong	<b>12</b>	Pacific Islander, NOS	<b>97</b>
Kampuchean; Cambodian; Khmer	<b>13</b>	some other known race <sup>3</sup>	<b>98</b>
Thai	<b>14</b>	unknown <sup>4</sup>	<b>99</b>
Micronesian, NOS	<b>20</b>		

- <sup>1</sup> If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican or Cuban, assume that the patient is White.
- <sup>2</sup> When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient is described just as "Black and Asian" and was born in Japan, enter code **05** for Race 2 rather than **96**.
- <sup>3</sup> This race can't be assigned to one of the codes **01 - 97**.
- <sup>4</sup> All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**PATIENT INFORMATION cont.**

**Race 3**

NAACCR Version 9.1 Item 162, columns 206-207

Use the following codes to enter the patient's third race (enter **88** if the patient is not multiracial, or if the patient has only two races):

<b>Race 3</b>	<b>Code</b>	<b>Race 3</b>	<b>Code</b>
White <sup>1</sup>	<b>01</b>	Chamorroan	<b>21</b>
Black; African American; Negro	<b>02</b>	Guamanian, NOS	<b>22</b>
American Indian; Aleutian; Eskimo; Native North American	<b>03</b>	Polynesian, NOS	<b>25</b>
		Tahitian	<b>26</b>
Chinese	<b>04</b>	Samoan	<b>27</b>
Japanese	<b>05</b>	Tongan	<b>28</b>
Filipino	<b>06</b>	Melanesian, NOS	<b>30</b>
Hawaiian (Native)	<b>07</b>	Fiji Islander	<b>31</b>
Korean	<b>08</b>	New Guinean	<b>32</b>
Asian Indian; Bangladeshi; Bhutanese; Nepalese; Pakistani; Sikkimese; Sri Lankan	<b>09</b>	no further race(s) documented	<b>88</b>
		other Asian race (including Indonesian, Burmese/Myanmaran);	<b>96</b>
Vietnamese	<b>10</b>	Asian, NOS; Oriental, NOS <sup>2</sup>	
Laotian	<b>11</b>		
Hmong	<b>12</b>	Pacific Islander, NOS	<b>97</b>
Kampuchean; Cambodian; Khmer	<b>13</b>	some other known race <sup>3</sup>	<b>98</b>
Thai	<b>14</b>	unknown <sup>4</sup>	<b>99</b>
Micronesian, NOS	<b>20</b>		

- <sup>1</sup> If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican or Cuban, assume that the patient is White.
- <sup>2</sup> When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's third race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.
- <sup>3</sup> This race can't be assigned to one of the codes **01 - 97**.
- <sup>4</sup> All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**PATIENT INFORMATION cont.**

**Race 4**

NAACCR Version 9.1 Item 163, columns 208-209

Use the following codes to enter the patient's fourth race (enter **88** if the patient is not multiracial, or if the patient has only three races):

<b>Race 4</b>	<b>Code</b>	<b>Race 4</b>	<b>Code</b>
White <sup>1</sup>	<b>01</b>	Chamorroan	<b>21</b>
Black; African American; Negro	<b>02</b>	Guamanian, NOS	<b>22</b>
American Indian; Aleutian; Eskimo; Native North American	<b>03</b>	Polynesian, NOS	<b>25</b>
		Tahitian	<b>26</b>
Chinese	<b>04</b>	Samoan	<b>27</b>
Japanese	<b>05</b>	Tongan	<b>28</b>
Filipino	<b>06</b>	Melanesian, NOS	<b>30</b>
Hawaiian (Native)	<b>07</b>	Fiji Islander	<b>31</b>
Korean	<b>08</b>	New Guinean	<b>32</b>
Asian Indian; Bangladeshi; Bhutanese; Nepalese; Pakistani; Sikkimese; Sri Lankan	<b>09</b>	no further race(s) documented	<b>88</b>
		other Asian race (including Indonesian, Burmese/Myanmaran);	<b>96</b>
Vietnamese	<b>10</b>	Asian, NOS; Oriental, NOS <sup>2</sup>	
Laotian	<b>11</b>		
Hmong	<b>12</b>	Pacific Islander, NOS	<b>97</b>
Kampuchean; Cambodian; Khmer	<b>13</b>	some other known race <sup>3</sup>	<b>98</b>
Thai	<b>14</b>	unknown <sup>4</sup>	<b>99</b>
Micronesian, NOS	<b>20</b>		

- <sup>1</sup> If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican or Cuban, assume that the patient is White.
- <sup>2</sup> When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's fourth race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.
- <sup>3</sup> This race can't be assigned to one of the codes **01 - 97**.
- <sup>4</sup> All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**PATIENT INFORMATION cont.**

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Race 5

NAACCR Version 9.1 Item 164, columns 210-211

Use the following codes to enter the patient's fifth race (enter **88** if the patient is not multiracial, or if the patient has only four races):

<b>Race 5</b>	<b>Code</b>	<b>Race 5</b>	<b>Code</b>
White <sup>1</sup>	<b>01</b>	Chamorroan	<b>21</b>
Black; African American; Negro	<b>02</b>	Guamanian, NOS	<b>22</b>
American Indian; Aleutian; Eskimo; Native North American	<b>03</b>	Polynesian, NOS	<b>25</b>
		Tahitian	<b>26</b>
Chinese	<b>04</b>	Samoan	<b>27</b>
Japanese	<b>05</b>	Tongan	<b>28</b>
Filipino	<b>06</b>	Melanesian, NOS	<b>30</b>
Hawaiian (Native)	<b>07</b>	Fiji Islander	<b>31</b>
Korean	<b>08</b>	New Guinean	<b>32</b>
Asian Indian; Bangladeshi; Bhutanese; Nepalese; Pakistani; Sikkimese; Sri Lankan	<b>09</b>	no further race(s) documented	<b>88</b>
		other Asian race (including Indonesian, Burmese/Myanmaran);	<b>96</b>
Vietnamese	<b>10</b>	Asian, NOS; Oriental, NOS <sup>2</sup>	
Laotian	<b>11</b>		
Hmong	<b>12</b>	Pacific Islander, NOS	<b>97</b>
Kampuchean; Cambodian; Khmer	<b>13</b>	some other known race <sup>3</sup>	<b>98</b>
Thai	<b>14</b>	unknown <sup>4</sup>	<b>99</b>
Micronesian, NOS	<b>20</b>		

- <sup>1</sup> If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican or Cuban, assume that the patient is White.
- <sup>2</sup> When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's fifth race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.
- <sup>3</sup> This race can't be assigned to one of the codes **01 - 97**.
- <sup>4</sup> All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**PATIENT INFORMATION cont.**

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Spanish/Hispanic Origin

NAACCR Version 9.1 Item 190, column 75

In the absence of specific information in the medical record, this field is used to reflect the "best guess" as to whether or not the patient should be classified as Spanish/Hispanic for purposes of calculating cancer statistics. Information on Spanish/Hispanic Origin may be found in the medical record. *All information sources* should be used to determine the best code, including stated ethnicity, Birthplace, personal history and language spoken, and surname/maiden name. Persons with Spanish surname/origin may be of *any* race(s); therefore, coding should always be independent of race. Spanish/Hispanic origin is not synonymous with birth in a Spanish-language country. Use Birthplace as a guide in determining the correct code, but do not rely on it exclusively.

The following codes are used for this field:

Origin	Code
non-Spanish; non-Hispanic (including Brazilians and Portuguese)	<b>0</b>
Mexican; Chicano	<b>1</b>
Puerto Rican	<b>2</b>
Cuban	<b>3</b>
Central American or South American <i>except</i> Brazilian*	<b>4</b>
other specific Spanish/Hispanic origin (including Spanish Europeans)	<b>5</b>
Spanish/Hispanic/Latino, NOS (There is evidence other than surname/maiden name that the person is Hispanic, but he/she cannot be assigned to any of the categories 1-5.)	<b>6</b>
Spanish surname only** (The only evidence of person's Hispanic origin is surname/maiden name, and there is no contrary evidence that the patient is not Hispanic.)	<b>7</b>
unknown whether Spanish/Hispanic or not***	<b>9</b>

\* Code Brazilians and Portuguese as non-Hispanic (**0**).

\*\* See next page for details.

\*\*\* Use this code sparingly! If the medical record indicates nothing about Hispanic origin, and the surname/maiden name is not typically Hispanic, do not be afraid to code the person as non-Hispanic if this is where your best judgment leads.

## PATIENT INFORMATION cont.

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### Using Spanish Surnames/Maiden Names (when all else fails) and Code 7

Although someone of Spanish origin may have *any* name, and someone *not* of Spanish origin may have a name that is "typically" Spanish, we would prefer a code based on name alone rather than a complete unknown. Entering **7** (for "Spanish surname *only*") does not mean that the patient is assumed Hispanic; it merely means that the person's *name* is typically Spanish.

Information recorded in the medical record about Hispanic ethnicity always takes precedence over assumptions based solely on name. If the medical record describes the patient as Mexican, Puerto Rican, Cuban or another specific origin in codes **1-5**, enter the appropriate code *regardless* of whether or not the patient's surname/maiden name is Hispanic.

If the patient has a Spanish surname/maiden name, but the medical record indicates that he/she is not of Spanish origin, enter **0** (for "non-Hispanic, NOS").

Lacking further information, the list on the following pages may be used to identify which names most commonly belong to those of Spanish origin. Researchers at the U.S. Census Bureau found that over 75% of individuals having each of these surnames identified themselves as being of Spanish origin in the 1990 Census. Persons with these 639 surnames combined comprise over two-thirds of the U.S. Spanish-origin population.

If the medical record contains no useful information on Spanish origin, and if the patient's surname/maiden name matches one of the names listed, and nothing in the medical record indicates that the patient is *not* Spanish/Hispanic, enter code **7** (not code 6). If, however, the patient's name does *not* appear on this list, DO NOT AUTOMATICALLY ASSUME that the patient is non-Hispanic; use your best judgment to determine the best code.

Exceptions: If the surname/maiden name contains the letter "**k**" or "**w**" and the medical record does not indicate that the person is Hispanic, assume s/he is non-Hispanic and enter **0**. "K" and "w" are virtually *never* in Spanish surnames.

#### *Examples:*

Name is "John Howard". Medical record indicates that he *is Hispanic*. Enter **6** for Hispanic, NOS.

Name is "John Howard". Medical record has *no* information on Hispanic ethnicity. Enter code **0** for assumed non-Hispanic based on the "w" in the surname.

Name is "John Abeyta". Medical record indicates that he is *not* Hispanic. Enter code **0** because the medical record information takes precedence over the name.

Name is "John Abeyta". Medical record has *no* information on Hispanic ethnicity. Enter **7** because the surname appears in the Census list.

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## PATIENT INFORMATION cont.

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source: David L. Word & R. Colby Perkins, Jr., Technical Working Paper No. 13 -- "Building a Spanish Surname List for the 1990's", U.S. Bureau of the Census Population Division, March 1996.

Abeyta	Aranda	Benavidez	Carrillo	Cortez
Abrego	Arce	Benitez	Carrion	Cotto
Abreu	Archuleta	Bermudez	Carvajal	Covarrubias
Acevedo	Arellano	Bernal	Casanova	Crespo
Acosta	Arenas	Berrios	Casares	Cruz
Acuna	Arevalo	Betancourt	Casarez	Cuellar
Adame	Arguello	Blanco	Casas	Curiel
Adorno	Arias	Bonilla	Casillas	Davila
Agosto	Armas	Borrego	Castaneda	Deanda
Aguayo	Armendariz	Botello	Castellanos	Dejesus
Aguilar	Armenta	Bravo	Castillo	Delacruz
Aguilera	Armijo	Briones	Castro	Delafuente
Aguirre	Arredondo	Briseno	Cavazos	Delagarza
Alanis	Arreola	Brito	Cazares	Delao
Alaniz	Arriaga	Bueno	Ceballos	Delapaz
Alarcon	Arroyo	Burgos	Cedillo	Delarosa
Alba	Arteaga	Bustamante	Ceja	Delatorre
Alcala	Atencio	Bustos	Centeno	Deleon
Alcantar	Avalos	Caballero	Cepeda	Delgadillo
Alcaraz	Avila	Caban	Cerda	Delgado
Alejandro	Aviles	Cabrera	Cervantes	Delrio
Aleman	Ayala	Cadena	Cervantez	Delvalle
Alfaro	Baca	Caldera	Chacon	Diaz
Alicea	Badillo	Calderon	Chapa	Dominguez
Almanza	Baez	Calvillo	Chavarria	Dominquez
Almaraz	Baeza	Camacho	Chavez	Duarte
Almonte	Bahena	Camarillo	Cintron	Duenas
Alonso	Balderas	Campos	Cisneros	Duran
Alonzo	Ballesteros	Canales	Collado	Echevarria
Altamirano	Banda	Candelaria	Collazo	Elizondo
Alva	Banuelos	Cano	Colon	Enriquez
Alvarado	Barajas	Cantu	Colunga	Escalante
Alvarez	Barela	Caraballo	Concepcion	Escamilla
Amador	Barragan	Carbajal	Contreras	Escobar
Amaya	Barraza	Cardenas	Cordero	Escobedo
Anaya	Barrera	Cardona	Cordova	Esparza
Anguiano	Barreto	Carmona	Cornejo	Espinal
Angulo	Barrientos	Carranza	Corona	Espino
Aparicio	Barrios	Carrasco	Coronado	Espinosa
Apodaca	Batista	Carrasquillo	Corral	Espinoza
Aponte	Becerra	Carreon	Corrales	Esquibel
Aragon	Beltran	Carrera	Correa	Esquivel
Arana	Benavides	Carrero	Cortes	Estevez

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## PATIENT INFORMATION cont.

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Estrada	Guerrero	Longoria	Mesa	Olivares
Fajardo	Guevara	Lopez	Meza	Olivarez
Farias	Guillen	Lovato	Miramontes	Olivas
Feliciano	Gurule	Loya	Miranda	Olivera
Fernandez	Gutierrez	Lozada	Mireles	Olivo
Ferrer	Guzman	Lozano	Mojica	Olmos
Fierro	Haro	Lucero	Molina	Olvera
Figueroa	Henriquez	Lucio	Mondragon	Ontiveros
Flores	Heredia	Luevano	Monroy	Oquendo
Florez	Hernadez	Lugo	Montalvo	Ordonez
Fonseca	Hernandes	Lujan	Montanez	Orellana
Franco	Hernandez	Luna	Montano	Ornelas
Frias	Herrera	Macias	Montemayor	Orosco
Fuentes	Hidalgo	Madera	Montenegro	Orozco
Gaitan	Hinojosa	Madrid	Montero	Orta
Galarza	Holguin	Madrigal	Montes	Ortega
Galindo	Huerta	Maestas	Montez	Ortiz
Gallardo	Hurtado	Magana	Montoya	Osorio
Gallegos	Ibarra	Malave	Mora	Otero
Galvan	Iglesias	Maldonado	Morales	Ozuna
Galvez	Irizarry	Manzanares	Morena	Pabon
Gamboa	Jaime	Mares	Mota	Pacheco
Gamez	Jaimes	Marin	Moya	Padilla
Gaona	Jaquez	Marquez	Munguia	Padron
Garay	Jaramillo	Marrero	Muniz	Paez
Garcia	Jasso	Marroquin	Munoz	Pagan
Garibay	Jimenez	Martinez	Murillo	Palacios
Garica	Jimenez	Mascarenas	Muro	Palomino
Garrido	Juarez	Mata	Najera	Palomo
Garza	Jurado	Mateo	Naranjo	Pantoja
Gastelum	Laboy	Matias	Narvaez	Paredes
Gaytan	Lara	Matos	Nava	Parra
Gil	Laureano	Maya	Navarrete	Partida
Giron	Leal	Mayorga	Navarro	Patino
Godinez	Lebron	Medina	Nazario	Paz
Godoy	Ledesma	Medrano	Negrete	Pedraza
Gomez	Leiva	Mejia	Negron	Pedroza
Gonzales	Lemus	Melendez	Nevarez	Pelayo
Gonzalez	Leon	Melgar	Nieto	Pena
Gracia	Lerma	Mena	Nieves	Perales
Granado	Leyva	Menchaca	Nino	Peralta
Granados	Limon	Mendez	Noriega	Perea
Griego	Linares	Mendoza	Nunez	Peres
Grijalva	Lira	Menendez	Ocampo	Perez
Guajardo	Llamas	Meraz	Ocasio	Pichardo
Guardado	Loera	Mercado	Ochoa	Pino
Guerra	Lomeli	Merino	Ojeda	Pineda

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## PATIENT INFORMATION cont.

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Pizarro	Rojas	Solano	Valverde
Polanco	Rojo	Solis	Vanegas
Ponce	Roldan	Soliz	Varela
Porras	Rolon	Solorio	Vargas
Portillo	Romero	Solorzano	Vasquez
Posada	Romo	Soria	Vazquez
Prado	Roque	Sosa	Vega
Preciado	Rosado	Sotelo	Vela
Prieto	Rosales	Soto	Velasco
Puente	Rosario	Suarez	Velasquez
Puga	Rosas	Tafoya	Velazquez
Pulido	Roybal	Tamayo	Velez
Quesada	Rubio	Tamez	Veliz
Quezada	Ruelas	Tapia	Venegas
Quinones	Ruiz	Tejada	Vera
Quinonez	Ruvalcaba	Tejada	Verdugo
Quintana	Saavedra	Tellez	Verduzco
Quintanilla	Saenz	Tello	Vergara
Quintero	Saiz	Teran	Viera
Quiroz	Salas	Terrazas	Vigil
Rael	Salazar	Tijerina	Villa
Ramirez	Salcedo	Tirado	Villagomez
Ramon	Salcido	Toledo	Villalobos
Ramos	Saldana	Toro	Villalpando
Rangel	Saldivar	Torres	Villanueva
Rascon	Salgado	Torrez	Villareal
Raya	Salinas	Tovar	Villarreal
Razo	Samaniego	Trejo	Villasenor
Regalado	Sanabria	Trevino	Villegas
Rendon	Sanches	Trujillo	Yanez
Renteria	Sanchez	Ulibarri	Ybarra
Resendez	Sandoval	Ulloa	Zambrano
Reyes	Santacruz	Urbina	Zamora
Reyna	Santana	Urena	Zamudio
Reynoso	Santiago	Urias	Zapata
Rico	Santillan	Uribe	Zaragoza
Rincon	Sarabia	Urrutia	Zarate
Riojas	Sauceda	Vaca	Zavala
Rios	Saucedo	Valadez	Zayas
Rivas	Sedillo	Valdes	Zelaya
Rivera	Segovia	Valdez	Zepeda
Rivero	Segura	Valdivia	Zuniga
Robledo	Sepulveda	Valencia	
Robles	Serna	Valentin	
Rocha	Serrano	Valenzuela	
Rodarte	Serrato	Valladares	
Rodriguez	Sevilla	Valle	
Rodriguez	Sierra	Vallejo	
Rodriquez	Sisneros	Valles	



## PATIENT INFORMATION cont.

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Tobacco History
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NAACCR Version 9.1 Item 340, column 184

It is important to collect information on tobacco use for as many cancer patients as possible, regardless of diagnosis. This information can often be found in the medical record in the patient history and physical examination, anesthesia forms, nurses' notes, or social services notes. If necessary, the medical records of previous admissions should also be reviewed to see if there was past tobacco use for patients who are now non-users.

Use the following codes for cases diagnosed on or after January 1, 1996:

<b>History</b>	<b>Code</b>
never used tobacco	<b>0</b>
cigarette smoker, current	<b>1</b>
cigar or pipe smoker, current	<b>2</b>
snuff/chew/smokeless tobacco user, current	<b>3</b>
combination tobacco use, current	<b>4</b>
previous tobacco use	<b>5</b>
unknown	<b>9</b>

## PATIENT INFORMATION cont.

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### Occupation and Industry

Information on the occupation and industry of cancer patients can be used in research on possible links between workplace exposures and cancer. In addition, occupation and industry information can be useful in identifying groups of workers in particular need of preventive services regardless of whether or not their cancers were *caused* by their work. Because these studies rely on comparisons between different occupations and industries, it is important to collect accurate information for all cancer patients, regardless of age, sex, occupation or diagnosis. Specific occupational information can also help identify a patient being reported by multiple hospitals in different ways (with different name spellings or birthdates, for example).

Information on occupation and industry may often be found in the patient's history and physical exam, nurses' notes, social services notes, admitting sheet, etc. It may also be necessary to review pertinent sections of previous and subsequent admission records. The MCR collects information regarding the patient's usual occupation and industry (meaning the type of job held during most of the person's working life). This is not necessarily the patient's current or most recent job, especially for the elderly. Please make every attempt to determine the patient's usual occupation and industry.

Sometimes the medical record may only include the type of industry or employer's name. In such cases, enter the partial information that you have.

The following rules and guidelines apply to the occupation and industry fields:

- No occupation/industry information: When there is no information available for either occupation or industry, enter **Unknown** in both the "Usual Occupation" and "Usual Industry/Type of Business" fields. Do not use the term "none" which could mean that the individual has never worked. Please don't leave the fields empty or we will have to assume that the medical record has not yet been reviewed for this information.
- Incomplete information: You need not have specific information in both fields if it is unavailable. Enter **Unknown** in the "Usual Industry" field if information about occupation, but not industry, is available. Similarly, if only information about industry is available, enter **Unknown** for "Usual Occupation".
- More than one occupation/industry listed: Make every effort to determine the occupation and/or industry held during most of the patient's working life; otherwise, list all of the occupations reported as space allows.

## PATIENT INFORMATION cont.

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- Only a current occupation/industry listed: If only the current or most recent occupation/industry is available, then record this. Adding the word **Current** to the narratives would be helpful in such cases.
- Housewives/persons at home: For patients who worked outside the home but spent most of their lives working in the home, use **Housewife** or **Househusband**. Record the patient's Usual Occupation outside the home if s/he spent most of their time working outside the home. If no information is available concerning an occupation outside the home, enter **At Home** or **Own Home** in the "Usual Industry" field, and **Housewife/husband** in the "Usual Occupation" field. (These terms are preferable to "homemaker" or "housekeeper", which can be confused with some occupations outside the home.)
- Retired persons: Review the patient's record for information on a past occupation, industry or employer. *Only* when there is no information available, enter **Retired** in both the "Usual Occupation" and "Usual Industry" fields.
- Unemployed/disabled persons: Attempt to find a former occupation or industry for persons currently unemployed or disabled. If it is known that the patient never worked, enter **Never Worked** in both "Usual Occupation" and "Usual Industry" fields. If no information is available, enter **Unknown** in both fields.
- Children: If the patient is a child, please enter **Child** in both fields. *Note*: It is no longer necessary to search for a parent's occupation/industry.
- Students: If the patient is an adult and is a student, review the patient's record for information about any job which the student may have held previously or concurrently with attending school. If no information is available, enter **Student** in both fields.
- Armed Forces employees: If known, enter the branch of service (Army, Navy, etc.) in the "Usual Industry" field; if the branch is not known, enter **Armed Forces** or **Military**. The Armed Forces include both civilian and military occupations: for civilian occupations, enter the appropriate description (e.g., nurse, payroll clerk, cook) in the "Usual Occupation" field; for military occupations, provide the rank (e.g., private, sergeant, captain), if available, as well as the type of job (e.g., pilot, tank driver).

## PATIENT INFORMATION cont.

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Usual Occupation

NAACCR Version 9.1 field "Text--Usual Occupation", Item 310, columns 103-142

Enter the patient's "usual occupation", using up to 40 characters. "Usual occupation" refers to the type of job the individual was engaged in for most of his/her working life (e.g., accountant, truck driver, teacher, auto mechanic, textile machine operator). If the patient is not employed at the time of diagnosis, make every attempt to determine the longest held occupation. Do not enter general terms such as "student", "housewife", "retired", "unemployed" or "disabled" unless no other information regarding occupation can be found.

Although any information is useful, please provide as detailed a description of occupation as possible, because this will allow for more accurate coding of the information.

### *Examples:*

#### Common entry

Analyst

Computers

Construction worker

Engineer

Factory worker

Mechanic

Technician

#### Preferable detailed entry

computer systems analyst, financial analyst, food analyst

software engineer, computer assembler, computer repair

construction laborer, carpenter, plumber, electrician

electrical engineer, chemical engineer, power plant engineer

assembler, lathe operator, stitcher, spray painter, riveter

auto mechanic, elevator mechanic, refrigeration mechanic

medical lab technician, computer technician, X-ray technician

## PATIENT INFORMATION cont.

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Usual Industry / Type of Business
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NAACCR Version 9.1 field "Text--Usual Industry", Item 320, columns 143-182

Enter the industry associated with the patient's Usual Occupation, using up to 40 characters.

"Industry/ Type of Business" refers to the kind of activity at a person's workplace. "Usual Industry" is the type of work or activity carried on by the business at the location where the individual worked in his/her Usual Occupation (e.g., accounting firm, trucking company, elementary school, auto repair shop, furniture manufacturer).

If the medical record contains the employer's name but does *not* specify what type of work went on there, then you may enter just the employer's name here. Do not abbreviate the name unless the employer is very commonly known. Also, if you cannot determine the type of work carried on by the employer, include the city/town where employed (e.g., **General Electric, Lynn, MA**) as this can help identify the employer's industry and distinguish different branches of a company having the potential for different occupational exposures.

Do not be concerned about trying to record the exact employer name and location for every patient! It is only *types* of industry/business that can be coded easily. When you can determine what type of work was carried out at the employer's location, you need only describe this *type* of work. You only have to try and specify the exact employer name/location if you *cannot* determine that employer's type of business/activity.

For self-employed persons, do not just enter "self" or "own company" here! Is the patient a self-employed artist, lawyer, writer, cook or dentist? Describe this person's type of business.

Avoid very general terms unless no other information can be found. Try to give sufficient detail so that someone can determine the actual business activity. For example, "automotive" could refer to manufacturing, a dealership, or repairs.

*Examples:*

<u>Common entry</u>	<u>Preferable detailed entry</u>
Electrical	electrical products manufacturing, electric utility, electrical contractor
Health care	hospital, doctor's office, home health service
Lumber	logging, sawmill, retail lumberyard
Sales	auto dealership, real estate sales, book seller, telemarketing
Transportation	bus company, taxi, trucking, airline, railroad, travel agency
Utility	electric utility, gas utility, water utility, communications utility