

**ETIOLOGY, RISK FACTORS, CLINICAL FEATURES OF CHILDHOOD  
NON-HODKINS LYMPHOMAS (NHL) IN UGANDA**

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Study Number: \_\_\_\_\_ Hospital Number: \_\_\_\_\_

Enrollment code \_\_\_ (A=Case, B= Tumor control C= Non Tumor Control D= Excluded)

Enrollment Number \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Name of child: \_\_\_\_\_ Name of Examiner: \_\_\_\_\_

Main Symptom(s)	Duration
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**General Symptoms**

1. Fever  1. Yes, 2. No Duration \_\_\_\_\_ Weeks
2. Night Sweats  1. Yes, 2. No Duration \_\_\_\_\_ Weeks
3. Weight loss  1. Yes, 2. No Duration \_\_\_\_\_ Weeks
4. Halitosis  1. Yes, 2. No
5. Gland swellings  1. Yes, 2. No
6. Other specify \_\_\_\_\_
- \_\_\_\_\_

**Clinical Information**

- Facial Tumour  1. Yes, 2. No
- Site  1. Maxillary, 2. Mandible, 3. Orbital tumor, 4. No Jaw tumor
- Number of quadrants involved? \_\_\_\_\_
- Teeth involvement  1. Yes, 2. No
- If Yes, Nature of involvement  1. Loose
2. Tooth falling off
3. Gum bleeding
4. All the above present
9. Teeth not examined

Jaw X-rays done?  1. Yes, 2. No  
 If Yes, shows  1. Lamina durra intact  
 2. Lamina durra loss  
 3. Bone resorption  
 4. Other specify \_\_\_\_\_

Orbital Involvement?  1. Yes, 2. No  
 If Yes, indicate side  1. Right  
 2. Left  
 3. Both

Extra facial tumor sites  1. Yes, 2. No

Breast mass  1. Yes, 2. No

Abdominal disease  1. Yes, 2. No

Splenic mass  1. Yes, 2. No Size \_\_\_\_\_ cms

Hepatic mass  1. Yes, 2. No Size \_\_\_\_\_ cms

Ovarian mass  1. Yes, 2. No Dimension on U/S \_\_\_\_\_ cms

Mesenteric or other masses  1. Yes, 2. No Dimension on U/S \_\_\_\_\_ cms

Renal mass  1. Yes, 2. No

Malignant ascites  1. Yes, 2. No

**Superficial localization of the lymphoma**

**Lymphnode**

Cervical  Inquinal   
 Supra clavicular  Others specify \_\_\_\_\_  
 Axillary

**Superficial Localisation of extra nodal tumour**

Head  Arms   
 Neck  Testis   
 Trunk

**Deep Localisation of the lymphoma**

**Lymphnode**

Supra diaphragmatic:  
 Mediastinal  Others specify \_\_\_\_\_  
 Sub diaphragmatic

**Hematopoietic tissue**

Spleen [ ] Bone marrow [ ]  
Liver [ ] Blood [ ]

**Extra nodal tumours**

Thyroid [ ] Bones [ ]  
Lung [ ] Cerebral [ ]  
Gastric [ ] Cerebrospinal [ ]  
Ovary [ ] Skin [ ]  
Colorectal [ ] Orbit [ ]  
Kidney [ ] Others (specify) \_\_\_\_\_

**Diagnosis**

Histologic type \_\_\_\_\_ |\_\_|\_\_|\_\_|

Site of biopsy \_\_\_\_\_ |\_\_|\_\_|

Date of biopsy |\_\_|\_\_|\_\_|\_\_|

If the diagnosis has been made by cytology, check here |\_\_| specify the type of tissue

examined : lymph node |\_\_| bone marrow |\_\_|

extra nodal tumor |\_\_| other (specify) \_\_\_\_\_

blood |\_\_|

Means of diagnosis

Physical examination |\_\_| Endoscopy |\_\_|

X-ray |\_\_| Computerized tomography |\_\_|

Ultrasonography |\_\_| Operative procedure |\_\_|