

NATURAL HISTORY STUDY OF NON-A, NON-B POST-TRANSFUSION HEPATITIS

INITIAL MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

Record 01

TO BE COMPLETED ON EACH STUDY PATIENT AT THE TIME OF THE INITIAL INTERVIEW

PATIENT ID: IDFIELD1

BLOOD/ALTERNATE ID: BLOODID

DATE OF VISIT: VISITMO VISITDA VISITYR
 MO DA YR

VISIT NUMBER: VISNUM

NAME OF PERSON WHO PERFORMED EXAMINATION: EXAMINIT
(First, middle, last)

PART 1: MEDICAL HISTORY

1. In the past six months have you experienced any of the following:

	YES	NO	Comments
a. Jaundice..... <u>Q1A</u>	1	2	<u>Q1A COM</u>
b. Unusual tiredness..... <u>Q1B</u>	1	2	<u>Q1B COM</u>
c. Loss of appetite..... <u>Q1C</u>	1	2	<u>Q1C COM</u>
d. Poor tasting cigarettes..... <u>Q1D</u>	1	2	<u>Q1D COM</u>
e. Fever..... <u>Q1E</u>	1	2	<u>Q1E COM</u>
f. Unusual weight loss..... <u>Q1F</u> (more than 10 lbs.)	1	2	<u>Q1F COM</u>
g. Joint pain..... <u>Q1G</u>	1	2	<u>Q1GSP1-Q1GSP2-Q1GSP3</u>
IF YES, Specify location..... <u>Q1GNUM</u>			<u>Q1G COM</u>
h. Muscle pain..... <u>Q1H</u>	1	2	<u>Q1HSP1-Q1HSP2-Q1HSP3</u>
IF YES, Specify location..... <u>Q1HNUM</u>			<u>Q1H COM</u>
i. Swelling of abdomen..... <u>Q1I</u>	1	2	<u>Q1I COM</u>
j. Abdominal pain..... <u>Q1J</u>	1	2	<u>Q1J COM</u>
k. Vomiting..... <u>Q1K</u>	1	2	<u>Q1K COM</u>
IF YES, with blood..... <u>Q1KBLD</u>	1	2	
l. Bloody stools..... <u>Q1L</u>	1	2	<u>Q1L COM</u>
m. Black, tarry stools..... <u>Q1M</u>	1	2	<u>Q1M COM</u>
n. Swelling of ankles..... <u>Q1N</u>	1	2	<u>Q1N COM</u>

INT 1

PART 2: CURRENT MEDICATION

2. Have you taken any medication in the past six months? This should include prescription and non-prescription drugs.

Q2

YES 1
 NO 2 (GO TO 3)

a. List medications, condition, dosage, frequency, duration, and date last taken in the past six months.

Q2NUM

Medication Name	Condition	Dosage	Frequency	Duration	Date Last Taken
Q2A1MED <i>three</i> Q2A3MED					Q2A01MO - Q2A02MO Q2A01DA - Q2A02DA Q2A01YR - Q2A02YR _ _ - _ _ - _ _ MO DA YR
Q2A4MED <i>three</i> Q2A5MED		<u>RECORD 02</u>			Q2A03MO - Q2A05MO Q2A03DA - Q2A05DA Q2A03YR - Q2A05YR _ _ - _ _ - _ _ MO DA YR
		<u>RECORD 03</u>			_ _ - _ _ - _ _ MO DA YR
Q2A6MED <i>three</i> Q2A10MED					Q2A06MO - Q2A10MO Q2A06DA - Q2A10DA Q2A06YR - Q2A10YR _ _ - _ _ - _ _ MO DA YR
					_ _ - _ _ - _ _ MO DA YR
					_ _ - _ _ - _ _ MO DA YR
					_ _ - _ _ - _ _ MO DA YR
					_ _ - _ _ - _ _ MO DA YR

COMMENCE WITH PHYSICAL EXAMINATION

RECORD 04

PART 3: GENERAL INFORMATION (FOR THE WEIGHT IN POUNDS AND HEIGHT, ROUND TO THE NEAREST WHOLE NUMBER)

3. WEIGHT Q3KG or Q3LB
Kgs. lbs.

6. PULSE Q6
per min

4. HEIGHT Q4CM or Q4IN
cm in

7. TEMPERATURE Q9F or Q7C
°F °C

5. BLOOD PRESSURE Q5SYS Q5DIA
Systolic Diastolic

PART 4: PHYSICAL FINDINGS

8. SKIN

- a. Needles scars or sores..... Q8A 1 YES —> Specify location Q8ALOC1
2 NO Q8ALOC2
Q8ALOC3
- b. Rashes..... Q8B 1 YES —> Specify location Q8BLOC1-LOC2
2 NO LOC3
Duration: Q8BDUR (CIRCLE ONE ONLY)
days Q8BUN
weeks
months
- Type: Q8BTYP (CIRCLE ONE ONLY)
1 - Urticarial
2 - Maculo-papular
3 - Erythematous
- c. Spider angiomata..... Q8C 1 YES —> Specify location Q8LOC1-LOC2
2 NO LOC3
- d. Collateral venous patterns..... Q8D 1 YES
2 NO

9. EYES

- a. Icteric sclerae..... Q9A 1 YES
2 NO

10. NODES

Lymphadenopathy Q10 1 YES → Q10 NUM
 2 NO
 Specify:
 Location Size (cm)
Q10SP1 Q10S21
Q10SP2 Q10S22
Q10SP3 Q10S23

RECORD 05

11. ABDOMEN

a. Ascites Q11A 1 YES → (CIRCLE ONE ONLY)
 2 NO 1 = Minimal Q11ASEV
 2 = Moderate
 3 = Severe

b. Liver tenderness Q11B 1 YES
 2 NO

c. Abdominal tenderness other than the liver Q11C 1 YES → Q11C NUM
 2 NO Specify location Q11CLOC1 -
 Q11CLOC2 - Q11CLOC3

d. Enlarged liver Q11D 1 YES → Size in cm (span) Q11DSPAN
 2 NO Size (cm) below RCM Q11DRCM

Consistency: (CIRCLE ONE ONLY)
 1 - Soft Q11DCONS
 2 - Firm
 3 - Stony hard

Surface: 1 - Smooth Q11DSURF
 2 - Nodular

Bruit: 1 - Yes
 2 - No Q11DBR

e. Enlarged spleen Q11E 1 YES → Size (cm) below LCM: Q11ESZ
 2 NO

f. Other masses Q11F 1 YES → 1 = Single Q11FSM
 2 NO 2 = Multiple Q11FNUM
 Specify location(s) Q11FLOC1 -
 Q11FLOC2 - Q11FLOC3

12. EXTREMITIES

		<u>YES</u>	<u>NO</u>
<u>Hands</u>			
a.	Fingernail clubbing..... <i>Q12H-A</i>	1	2
b.	Dupuytren's contractures..... <i>Q12H-B</i>	1	2
c.	Palmar erythema..... <i>Q12H-C</i>	1	2
d.	Lateral tremors..... <i>Q12H-D</i>	1	2
e.	Asterixis..... <i>Q12H-E</i>	1	2

Legs

a.	Peripheral edema..... <i>Q12L-A</i>	1	YES	→
		2	NO	

(CIRCLE ONE ONLY)

1 = Mild

2 = Moderate

3 = Severe

Q12L-ASY

13. MENTAL STATUS

(CIRCLE ONE OF THE FOLLOWING)

- Q13*
- | | | |
|----|-----------------------------|---|
| a. | Normal cognitive function | |
| b. | Impaired cognitive function | |
| c. | Evidence of encephalopathy | → |

Grade

(CIRCLE ONE ONLY)

0

1

2

3

4

Q13 GRADE

Physician's or Physician's Assistant signature and date _____

PART 5: BLOOD DRAWING

14. Was blood drawn from patient's arm?

YES..... 1 (GO TO 15)

NO..... 2 (GO TO 16)

Q14

15. Date blood was drawn:

Q15MO | | - *Q15DA* | | - *Q15YR* | |

MO DA YR

16. Reason blood was not drawn from patient's arm:

Q16

Patient refused..... 1
Other (Specify)..... 2

ATTACH A BLOOD OR ALTERNATE ID NUMBER (AS APPROPRIATE) TO THE FRONT OF THIS FORM.

RESEARCH ASSISTANT: PLEASE VERIFY PATIENT'S ADDRESS AND TELEPHONE NUMBER AS WELL AS THE ADDRESS AND TELEPHONE NUMBER OF A CONTACT PERSON THAT DOES NOT LIVE WITH THE PATIENT. IF THESE HAVE CHANGED SINCE THE LAST VISIT, PLEASE FILL IN CHANGES ON A LOCATOR FORM, AS WELL AS THE RIS.

RSCHINIT

Research Assistant's Initials: |_|_|_|