

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

MEDICAL HISTORY AND FOLLOW-UP FORM

Record 01

TO BE COMPLETED ON EACH STUDY PATIENT AT THE TIME OF EACH FOLLOW-UP VISIT

PATIENT ID: IDFLD01

BLOOD/ALTERNATE ID: BLOODID

DATE OF VISIT:      <sup>VISITMO</sup>      <sup>VISITDA</sup>      <sup>VISITYR</sup>       
MO DA YR

VISIT NUMBER:      <sup>VISNUM</sup>     

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

PART 1: MEDICAL HISTORY

1. Since the time of your last visit have you experienced any of the following:

	YES	NO	Comments
a. Jaundice..... <u>QIA</u>	1	2	<u>QIA COM</u>
b. Unusual tiredness..... <u>QIB</u>	1	2	<u>QIB COM</u>
c. Loss of appetite..... <u>QIC</u>	1	2	<u>QIC COM</u>
d. Poor tasting cigarettes..... <u>QID</u>	1	2	<u>QID COM</u>
e. Fever..... <u>QIE</u>	1	2	<u>QIE COM</u>
f. Unusual weight loss..... <u>QIF</u> (more than 10 lbs.)	1	2	<u>QIF COM</u>
g. Joint pain..... <u>QIG</u>	1	2	<u>QIGSP1-QIGSP2-QIGSP3</u>
IF YES, Specify location <u>QIGNUM</u>			<u>QIGCOM</u>
h. Muscle pain..... <u>QIH</u>	1	2	<u>QIHSP1-QIHSP2-QIHSP3</u>
IF YES, Specify location <u>QIHNUM</u>			<u>QIHCOM</u>
i. Swelling of abdomen..... <u>QII</u>	1	2	<u>QIICOM</u>
j. Abdominal pain..... <u>QIJ</u>	1	2	<u>QIJCOM</u>
k. Vomiting..... <u>QIK</u>	1	2	<u>QIKCOM</u>
IF YES, with blood..... <u>QIKBLD</u>	1	2	
l. Bloody stools..... <u>QIL</u>	1	2	<u>QILCOM</u>
m. Black, tarry stools..... <u>QIM</u>	1	2	<u>QIMCOM</u>
n. Swelling of ankles..... <u>QIN</u>	1	2	<u>QINCOM</u>

2. Have you received any blood transfusions or other blood products since your last visit? Q2

YES..... 1

NO..... 2 (GO TO 5)



**PART 2: CURRENT MEDICATION**

10. Have you taken any medication since the time of your last visit? This should include prescription and non-prescription drugs.

Q10

YES ..... 1 (COMPLETE TABLE BELOW)  
 NO ..... 2 (GO TO 11)

a. List medications, condition, dosage, frequency, duration, and date last taken, since the time of the last visit.

Q10NUM

Medication Name	Condition	Dosage	Frequency	Duration	Date Last Taken
Q10A01MD					Q10A01MO Q10A01DA Q10A01YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A02MD					Q10A02MO Q10A02DA Q10A02YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A03MD					Q10A03MO Q10A03DA Q10A03YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A04MD					Q10A04MO Q10A04DA Q10A04YR  _ _  .  _ _  .  _ _  MO DA YR
Record 03 Q10A05MD					Q10A05MO Q10A05DA Q10A05YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A06MD					Q10A06MO Q10A06DA Q10A06YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A07MD					Q10A07MO Q10A07DA Q10A07YR  _ _  .  _ _  .  _ _  MO DA YR
Q10A08MD					Q10A08MO Q10A08DA Q10A08YR  _ _  .  _ _  .  _ _  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)

11. Weight Q11KG Q11LB  
|\_|\_|\_|\_| or |\_|\_|\_|  
Kgs. lbs.

14. Pulse Q14  
|\_|\_|\_|  
per min

12. Height Q12CM Q12IN  
|\_|\_|\_| or |\_|\_|  
cm in

15. Temperature Q15F Q15C  
|\_|\_|\_| or |\_|\_|\_|\_|  
°F °C

13. Blood Pressure Q13SYS Q13DIA  
|\_|\_|\_|/|\_|\_|\_|  
Systolic Diastolic

### PART 4: PHYSICAL FINDINGS

#### 16. SKIN

- a. Needle scars or sores Q16A ..... 1 YES —> Specify location Q16ALOC1-LOC2  
2 NO LOC3
- b. Rashes Q16B ..... 1 YES —> Specify location Q16BLOC1-LOC2  
2 NO LOC3  
Duration: \_\_\_\_\_ (CIRCLE ONE ONLY)  
Q16BDUR days  
weeks Q16BUN  
months
- c. Spider angiomata Q16C ..... 1 YES —> Specify location Q16CLOC1-LOC2  
2 NO LOC3
- d. Collateral venous patterns Q16D ..... 1 YES  
2 NO

#### 17. EYES

- a. Icteric sclerae Q17A ..... 1 YES  
2 NO

18. NODES

Lymphadenopathy..... Q18 ..... 1 YES → Specify:  
 2 NO Location Q18SP1 Size (cm) Q11.8SZ1  
Q18NUM Q18SP2 Q11.8SZ2  
Q18SP3 Q18SZ3

19. ABDOMEN

a. Ascites..... Q19A ..... 1 YES → (CIRCLE ONE ONLY)  
 2 NO 1 - Minimal Q19ASEV  
 2 - Moderate  
 3 - Severe

b. Liver tenderness..... Q19B ..... 1 YES  
 2 NO

c. Abdominal tenderness other than the liver..... Q19C ..... 1 YES → Specify location Q19CLOC1-LOC2  
 2 NO LOC3

d. Enlarged liver..... Q19D ..... 1 YES → Size in cm (span) Q19DSPAN  
 2 NO Size (cm) below RCM Q19DRCM  
 Consistency: (CIRCLE ONE ONLY)  
 1 - Soft Q19DCONS  
 2 - Firm  
 3 - Stony hard  
 Surface:..... 1 - Smooth Q19DSURF  
 2 - Nodular  
 Bruit:..... 1 - Yes Q19DBR  
 2 - No

e. Enlarged spleen..... Q19E ..... 1 YES → Size (cm) below LCM Q19ESZ  
 2 NO

f. Other masses..... Q19F ..... 1 YES → 1-Single Q19FSM  
 2 NO 2-Multiple  
Q19FNUM Specify location(s) Q19FLOC1-LOC2  
LOC3

# RECORD 05

## 20. EXTREMITIES

	<u>YES</u>	<u>NO</u>
<u>Hands</u>		
a. Fingernail clubbing.....	1	2
b. Dupuytren's contractures.....	1	2
c. Palmar erythema.....	1	2
d. Lateral tremors.....	1	2
e. Asterixis.....	1	2

<u>Legs</u>		
a. Peripheral edema.....	1 YES 2 NO	(CIRCLE ONE ONLY) 1 = Mild 2 = Moderate 3 = Severe

## 21. MENTAL STATUS (CIRCLE ONE OF THE FOLLOWING)

Q21	a. Normal cognitive function	
	b. Impaired cognitive function	Q21 GRADE
	c. Evidence of encephalopathy	Grade .....
		(CIRCLE ONE ONLY)
		0
		1
		2
		3
		4

Physician's or Physician's Assistant signature and date \_\_\_\_\_

## PART 5: BLOOD DRAWING

22. Was blood drawn from patient's arm? Q22

YES ..... 1 (GO TO 23)  
NO ..... 2 (GO TO 24)

23. Date blood was drawn: Q23MO Q23DA Q23YR

|\_|\_| |\_|\_| |\_|\_|  
MO DA YR

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

Q24

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: |\_\_|\_\_|