

## Multicenter Hemophilia Cohort Study Liver Disease Study Check List

(To be completed by examining physician and nurse: See instruction sheet for further directions on filling out this form)

1). Date Form Completed: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY) (should be same as patient's questionnaire)

2). At this time does the subject have any of the following clinical signs of hepatic failure? (If any answer is yes, please indicate how ascertained.)

<u>CONDITION</u>	<u>PRESENT</u>	<u>Circle how it was ascertained...</u>		
a. JAUNDICE	No=00 Yes=01 -->	01=Exam	02=X-Ray/Scan	03=Other-Specify _____
b. ASCITES	No=00 Yes=01 -->	01=Exam	02=X-Ray/Scan	03=Other-Specify _____
c. ESOPHAGEAL VARICES	No=00 Yes=01 -->	01=Exam	02=X-Ray/Scan	03=Other-Specify _____
d. OTHER-Specify _____		01=Exam	02=X-Ray/Scan	03=Other-Specify _____

3). At this time, does the subject have signs of hepatic encephalopathy (circle no or yes)?

NO-00	YES-01 -->	If yes, what stage of encephalopathy (Child's classification - circle one)?
		01 = Mild lack of awareness, shortened attention span, impairment on arithmetic testing
		02 = Lethargic, disoriented, clear personality change, asterixis
		03 = Somnolent, continuous suppression of consciousness level and responsiveness to painful stimuli
		04 = Coma, unresponsiveness to painful stimuli, decorticate or decerebrate posturing

4). At this time, what is the status of the subject's spleen (circle number)?

Not palpably enlarged	01
Enlarged	02 --> Specify cm below costal margin - _____ cm
Status post-splenectomy	03 --> Specify reason - _____ Year of splenectomy - _____

5). At this visit, what are the subject's serum bilirubin levels? (MUST be completed)

	<u>Subject's Results</u>	<u>Upper Limit of Normal in laboratory</u>
a. Direct (conjugated) Bilirubin:	___.'___	___.'___
b. Indirect (unconjugated) Bilirubin:	___.'___	___.'___
c. Total Bilirubin:	___.'___	___.'___

- 6). At this visit, what are the subject's prothrombin time (PT) and INR? (MUST be completed)
- |  |                          |  |
|--|--------------------------|--|
|  | <u>Subject's Results</u> | <u>Upper Limit of Normal in laboratory</u> |
| a. Prothrombin Time (PT):                | ___ ___ seconds          | ___ ___ seconds                            |
| b. International Normalized Ratio (INR): | ___                      | ___  |
- 7). Is there a reason to suspect Alcohol Abuse? NO=00 YES=01 --> If YES(01), explain -  
(circle no or yes) \_\_\_\_\_
- 8). Is subject CURRENTLY taking any of the following drugs? NO=00 YES=01  
If YES(01), circle all of the following anti-retroviral and HIV-AIDS related medications that the subject is CURRENTLY taking (within the last week):
- |  |  |  |
|--|--|--|
| a. AZT (retrovir, zidovudine) <i>ART</i>       | b. ddI (Videx, didanosine) <i>ART</i>        | c. ddC (HIVID, zalcitabine) <i>ART</i>                   |
| d. D4T (Stavudine, Zerit) <i>ART</i>           | e. Acyclovir (oral or IV) <i>ANTIVIRAL</i>   | f. Foscarnet (Foscavir) <i>ANTIVIRAL</i>                 |
| g. Ganciclovir (Cytovene) <i>ANTIVIRAL</i>     | h. Atovequone (Mepron) <i>ANTIPYRETIIC</i>   | i. Aerosolized Pentamidine <i>ANTIPNEUMONIC</i>          |
| j). Pentamidine - IV only <i>ANTIPNEUMONIC</i> | k). Dapsone <i>ANTIPYRETIIC</i>              | l). Trimethoprim-sulfa (Bactrim, etc.) <i>ANTIBIOTIC</i> |
| m). Fluconazole (Diflucan) <i>ANTIFUNGAL</i>   | n.) Ketaconazole (Nizoral) <i>ANTIFUNGAL</i> | o). Itraconazole (Sporanax) <i>ANTIFUNGAL</i>            |
| p). Other-specify _____                        | q). Other-specify _____                      | r). Other-specify _____                                  |
- 9). Has the subject EVER received ALPHA INTERFERON (Roferon-A, Intron-A)? NO=00 YES=01  
If YES(01), date of last dose of Interferon \_\_\_\_\_ (MM/DD/YY).
- 10). Referring to the accompanying questionnaire for pain medications and alcohol use for this subject how would you rate the accuracy of the responses given? (circle number and specify why):
- |                              |        |       |
|------------------------------|--------|-------|
| Probably highly accurate     | 01 --> | _____ |
| Probably moderately accurate | 02 --> | _____ |
| Probably not very accurate   | 03 --> | _____ |
- 11). How was the accompanying questionnaire administered? (circle all that apply):
- 01=Mailed to subject
  - 02=Face-to-face interview
  - 03=Self-administered without help
  - 04=Self-administered with help of clinician, friends, family...
  - 05=Completed by person other than subject
  - 06=Unknown

END. Thank You For Your Time.

\*\*\*\*\*RTI USE ONLY\*\*\*\*\*

- 12). Length of time elapsed from blood draw to plasma being frozen: \_\_\_ \_\_\_ : \_\_\_ \_\_\_ (HH:MM)  
(This question will be filled out by RTI from the information you provide on the Blood Background Form)