

MULTICENTER HEMOPHILIA COHORT STUDY

Pre-labeled Subject ID Here

LIVER DISEASE FORM Form 30 1 March 1998

(To be completed ONLY for the MHCS Hemophilia Subjects who appear on the attached lists).

1. Date form completed |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
2. Did subject ever have a diagnosis of ascites attributable to liver disease? Yes 1
No 2 --> Skip to Question 3
- 2a. Date of diagnosis of ascites attributable to liver disease |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
- 2b. Classification of ascites Easily controlled. 1
Poorly controlled 2
3. Did subject ever have esophageal varices or bleeding due to portal hypertension? Yes 1
No 2 --> Skip to Question 4
- 3a. Date of diagnosis of esophageal varices or bleeding due to portal hypertension |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
4. Was prothrombin time ever greater than 3 seconds above normal? Yes 1
No 2
5. Date of most recent prothrombin time |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
- 5a. Result (most recent) |_|_|_|. |_|_| seconds
- 5b. Reference range |_|_|_|. |_|_| - |_|_|_|. |_|_| seconds
6. Was albumin ever 2.8 mg/dl or below? Yes 1
No 2
7. Date of most recent albumin |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
- 7a. Result (most recent) |_|. |_| mg/dl
- 7b. Upper limit of normal |_|. |_| mg/dl
8. Date of most recent bilirubin test |_|_|_| | |_|_| | |_|_|_|
MONTH DAY YEAR
- 8a. Results (most recent)
- | | Result | Upper Limit of Normal |
|------------------------------|--------------|-----------------------|
| I. Total Bilirubin | _ _ _ . _ _ | _ . _ mg/dl |
| II. Direct (conjugated) | _ _ _ . _ _ | _ . _ mg/dl |
| III. Indirect (unconjugated) | _ _ _ . _ _ | _ . _ mg/dl |
9. Was bilirubin ever 2.0 mg/dl or greater? Yes 1
No 2 --> Skip to Question 10
- 9a. Was this elevation attributed to medications the subject was taking? Yes 1
No 2 --> Skip to Question 10
- 9b. Specify medication(s): _____

10. Was splenomegaly ever found? Yes1
No2 -->Skip to Question 11
- 10a. Date splenomegaly found _____
MONTH DAY YEAR
- 10b. Number of cm below costal margin by palpation: |__| |__| cm Check here if not recorded--> |__|
- 10c. Transverse length of spleen by scan (liver-spleen scan, U/S, MRI or sonogram) |__| |__| cm Check here if not recorded--> |__|
11. Was the subject ever diagnosed with hepatic encephalopathy? Yes1
No2-->Skip to Question 12
- 11a. Date of diagnosis of hepatic encephalopathy _____
MONTH DAY YEAR
- 11b. Severity of hepatic encephalopathy: Mild or moderate1
Severe or refractory.....2
12. Did the subject ever have a liver biopsy? Yes1 (ATTACH PATH REPORT)
No2 -->Skip to Question 13
- 12a. Date of liver biopsy _____
MONTH DAY YEAR
- 12b. Were the results of the liver biopsy consistent with a diagnosis of cirrhosis? Yes1
No2
13. Has the subject ever had any other diagnosis (other than HCV) which may contribute to liver disease or failure? Yes1
No2 -->Skip to Question 14
- 13a. Circle all that apply Alcohol (ETOH) abuse1
Hepatitis B Virus chronic carrier . . .2
Other(s), specify3

14. Is the subject alive or dead? Alive1-->Skip to End
Dead2
15. Date of death _____
MONTH DAY YEAR
16. Did the subject have a post-mortem examination? Yes1 (ATTACH REPORT)
No2 --> Skip to End
Unknown3 --> Skip to End
17. Were the post-mortem results consistent with a diagnosis of cirrhosis? Yes.....1
No2
Unknown3
18. Were the post-mortem results consistent with a diagnosis of hepatocellular carcinoma? Yes1
No2
Unknown3

THANK YOU FOR COMPLETING THIS FORM. ADDITIONAL INFORMATION MAY BE ADDED IN THE MARGINS.