



Follow-Up Events (Adult)

Patient ID ____ - **ID** ____ - ____

Date of Form: **DOEDATE**

Instructions: Check all that apply to report events as they occur or as noted at the time of a protocol follow-up evaluation. Complete the corresponding event forms as appropriate.

- DEATH** ☐ Died, date of death (mm/dd/yy): **DODM / DODD / DODY**
a) Cause of death (see codes): **_COD_** if other or accidental, specify **_CODS_**
b) Was hepatitis B the primary cause of death? ☐ Yes ☐ No ☐ Unknown **CODHBV1**
c) Was hepatitis B a contributing cause of death? ☐ Yes ☐ No ☐ Unknown **CODHBV2**
d) Did the patient die as a complication of therapy of hepatitis B? ☐ Yes ☐ No ☐ Unknown **CODRX**
- TRP** ☐ Liver transplant, date of transplant (mm/dd/yy): **TRPM / TRPD / TRPY**
a) Indication for transplant (see codes): **_TRPRSN_** if other, specify **_TRPRSNS_**
b) Incidental HCC found on explant? ☐ Yes ☐ No ☐ Unknown **TRPHCC**
(if Yes, report HCC below & Complete HCC form)
- HCC** ☐ Hepatocellular carcinoma, date diagnosed (mm/dd/yy): **HCCM / HCCD / HCCY** (Complete HCC form)
- HEPD** ☐ Hepatic decompensation, date diagnosed (mm/dd/yy): **HEPDM / HEPDD / HEPDY**
Evidence (check all that apply)
☐ Ascites **HEPDASC**
☐ Hepatic hydrothorax **HEPDHYD**
☐ Variceal bleeding **HEPDVB**
☐ Portal hypertensive bleeding **HEPDBLD**
☐ Hepatic encephalopathy **HEPDENC**
☐ CTP score 7 or above **HEPDCTP**
- CIRR** ☐ Cirrhosis, date diagnosed (mm/yy): **CIRRM / CIRRY**
Evidence (check all that apply)
☐ Liver histology **CIRRBX**
☐ Ascites **CIRRASC**
☐ Hepatic hydrothorax **CIRRHYD**
☐ Variceal bleeding **CIRRVB**
☐ Portal hypertensive bleeding **CIRRBLD**
☐ Hepatic encephalopathy **CIRRENC**
☐ CTP score 7 or above **CIRRCTP**
☐ Splenomegaly (in the absence of other known cause) **CIRRSP**
☐ Nodular liver (in the absence of other known cause) **CIRRNOD**
☐ Platelet count < 120,000 cells/mm³ (in the absence of other known cause) **CIRRPLT**
- SLOSS** ☐ HBsAg loss (Complete Special Visit form at 12 and 24 weeks following dx)
a) Date HBs first undetected (mm/dd/yy): **HBSFUM / HBSFUD / HBSFUY**
b) Date HBs last positive (mm/dd/yy): **HBSLPM / HBSLPD / HBSLPY**
- ELOSS** ☐ HBeAg loss (Complete Special Visit form at 12 and 24 weeks following dx)
a) Date HBe first undetected (mm/dd/yy): **HBEFUM / HBEFUD / HBEFUY**
b) Date HBe last positive (mm/dd/yy): **HBELPM / HBELPD / HBELPY**
- ALTF** ☐ ALT flare, date diagnosed (mm/dd/yy): **ALTFM / ALTFD / ALTFY** (Complete Special Visit and Flare Resolution forms)
- LTF** ☐ Patient no longer participating in cohort protocol, date of last contact (mm/dd/yy): **LTFM / LTFD / LTFY**
Reason (see codes): **_LTFR_** if other, specify **_LTFRS_**

Data collector initials: ____ **DCID**

Date data collection completed (mm/dd/yy): **DCM / DCD / DCY**