

A. Interval History
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Since the previous visit, has the participant been diagnosed with...?

A1

Hepatopulmonary Syndrome (HPS)

- No  
 Yes  
 Unknown

A2

Cholangitis

- No  
 Yes  
 Unknown

If Yes, please complete the ad hoc Cholangitis CRF.

A3

Fracture (specify bone or body part)

- No  
 Yes (specify): \_\_\_\_\_  
 Unknown

A4

Rickets

- No  
 Yes  
 Unknown

A5

Hepatorenal syndrome

- No  
 Yes  
 Unknown

A6

Gallstones

- No  
 Yes

**Unknown**

A7

Hepatic Encephalopathy

**No**

**Yes**

**Unknown**

**Z. Questionnaire Completion**

Z1

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the Details page through the CENSUS.

This questionnaire or task has been completed with all available data:

**Yes**