

HALT-C Trial

Weight History - Risk Factors AS

Form # 146 Version B: 12/03/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

___ - ___ - ___

A2. Patient initials: ___ ___

A3. Visit number: ___ ___

A4. Visit date: (MM/DD/YYYY) ___ / ___ / _____

A5. Initials of person completing Section A: ___ ___

Note: This is a patient administered form.

SECTION B: WEIGHT HISTORY

HALT-C wishes to find out if current and past weight has an effect on liver disease related to hepatitis C. Write in the correct numbers.

B1. How much did you weigh when you were 20 years old?

 ___ ___ ___ Pounds

If not more than 20 years old, then stop here and turn in form.

B2. How much did you weigh when you were 40 years old?

 ___ ___ ___ Pounds

If not more than 40 years old, then leave blank.

B3. Between the age of 20 and now, what is the most you have ever weighed (excluding pregnancy)?

 ___ ___ ___ Pounds

B3a. How old were you when you first weighed that amount? ___ ___ years

B4. Between the age of 20 and now, what is the least you have ever weighed, excluding illness?

 ___ ___ ___ Pounds

B4a. How old were you when you first weighed that amount? ___ ___ years

Thank you for completing this questionnaire.