

HALT-C Trial

Sustained Virologic Responder Follow-up Ancillary Study:

Physical Exam

Form # 711 Version A: 05/01/2008

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

A2. Patient initials: \_\_\_\_\_

A3. Visit number: SVR

A4. Date of Physical Exam: MM / DD / YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

A5. Initials of person completing form: \_\_\_\_\_

SECTION B: PHYSICAL EXAMINATION

COMPLETE **ONE** FORM USING THE RESULTS FROM THE MOST RECENT PHYSICAL EXAM, PREFERABLY WITHIN THE LAST 6 MONTHS.

B1. Was the physical exam performed at HALT-C Clinical Center or at another location?

HALT-C Clinical Center ..... 1

Performed at a non-HALT-C location..... 2

B2. Weight: \_\_\_\_\_ kg or \_\_\_\_\_ lbs

B3. Ascites Yes ..... 1 (COMPLETE FORM #763)

No .....2 (B4)

a. Ascites severity Mild ..... 1

Moderate .....2

Severe .....3

B4. Encephalopathy Yes ..... 1 (COMPLETE FORM #763)

No .....2 (END OF FORM)

a. Encephalopathy grade: (circle one number) 1

2

3

4