

Patient ID: _____ - _____ - _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Not Done</u>	<u>Describe, if Abnormal</u>
B10. Neck	1	2	3	_____
B11. Lymph Nodes	1	2	3	_____
B12. Skin	1	2	3	_____
B13. Lungs	1	2	3	_____
B14. Heart	1	2	3	_____
B15. Abdomen	1	2	3	_____
B16. Musculoskeletal	1	2	3	_____
B17. Neurologic	1	2	3	_____
B18. Breasts	1	2	3	_____
B19. Rectal	1	2	3	_____
B20. Genitourinary/Pelvic	1	2	3	_____

Signature of HALT-C staff completing B6-B20: _____

SECTION C: LIVER RELATED PHYSICAL FINDINGS

**To be completed at: Screening Phase: S00
 Lead-in Phase: W12, W20
 Randomized Phase: Every study visit
 Responder Phase: W36, W48, W72**

- C1. Hepatomegaly
 - Yes.....1
 - No.....2 (C2)
 - a. Span (right midclavicular line): _____ cm
- C2. Spleen palpable?
 - Yes 1
 - No 2
- C3. Ascites
 - Yes 1
 - No2 (C4)
 - a. Ascites severity
 - Mild 1
 - Moderate2
 - Severe3

Patient ID: _____ - _____ - _____

C4. Jaundice Present 1
Absent 2

C5. Encephalopathy Yes 1
No2 (C6)

a. Encephalopathy grade: (circle one number) 1
2
3
4

C6. Edema Yes 1
No2 (SECTION D)

a. Edema severity 1+ 1
2+ 2
3+ 3
4+ 4

SECTION D: NEW FINDINGS

To be completed at: Screening Phase: S00
Lead-in Phase: W12, W20
Randomized Phase: Every study visit
Responder Phase: W36, W48, W72

D1. Are there new findings at this visit? Yes 1
No2 (END OF FORM)

D2. Specify new findings.
a. New finding 1: _____
b. New finding 2: _____
c. New finding 3: _____

Signature of HALT-C staff completing sections C & D: _____