

HALT-C Trial

Endoscopy

Form # 23 Version A: 06/15/2000 (Rev. 12/21/2000)

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here -> []
A2. Patient initials:
A3. Visit number:
A4. Date form completed: MM / DD / YYYY
A5. Initials of person completing Section A:

SECTION B: TO BE COMPLETED BY ENDOSCOPIST

Please read instructions and definitions in the attached QxQ (question by question instruction sheet).

- B1. Date of Endoscopy: (MM / DD / YYYY)
B2. Was the endoscopy performed at a HALT-C clinical center? Yes.....1 (B3) No.....2
a. Please specify where the endoscopy was done:
B3. Was endoscopy normal? Yes.....1 (SECTION F) No.....2

SECTION C: VARICES

- C1. Was there evidence of esophageal varices? Yes.....1 No.....2 (C2)
a. Grade of esophageal varices: Small 1 Medium 2 Large 3
b. Number of columns
c. Were there red signs? Yes.....1 No.....2 (C2)
d. Type of red sign: Red wale.....1 Cherry red (Hematocystic) spot2 Varix on varix.....3

- C2. Was there evidence of gastric varices? Yes.....1
 No.....2 (SECTION D)
- a. Size of largest gastric varix: < 10 mm. 1
 ≥ 10 mm. 2
- b. Red spot: Present 1
 Absent 2
- c. Isolated gastric varices (IGV) type I: Yes1
 No.....2
- d. Isolated gastric varices (IGV) type II: Yes.....1
 No.....2
- e. Gastro-esophageal varices (GOV) type I: Yes.....1
 No.....2
- f. Gastro-esophageal varices (GOV) type II: Yes.....1
 No.....2

SECTION D: PORTAL HYPERTENSIVE GASTROPATHY

- D1. Was there evidence of portal hypertensive gastropathy? Yes.....1
 No.....2 (SECTION E)
- a. Mucosal mosaic pattern? Absent0
 Minor.....1
 Severe.....2
- b. Red marks: None.....0
 Localized (Isolated).....1
 Diffuse (Confluent)2
- c. Gastric antral vascular ectasia? Present.....1
 Absent.....2

SECTION E: OTHER FINDINGS

E1. Were there any other findings? Yes.....1
No.....2 (SECTION F)

a. Describe other finding: _____

SECTION F: SOURCE DOCUMENTATION

Please specify and attach available type(s) of source documentation:

F1. Report: Yes.....1
No.....2

Pictures:

F2. Lower 5cm of esophagus looking down at GE junction: Yes.....1
No.....2

F3. Retroflex in stomach cardia, looking at fundus: Yes.....1
No.....2

F4. In mid-body of stomach looking toward antrum: Yes.....1
No.....2