

HALT-C Trial  
Symptoms Form

Form # 43 Version A: 06/15/2000

**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: SYMPTOMS**

B1. **Mark each line with an "x" that best describes how you have felt during the past week. Place an "x" on each line below.** { ~~\_\_\_\_\_~~ }

	None	Worst ever
a. Fatigue	_____	_____
b. Nausea	_____	_____
c. Pain over the liver area	_____	_____
d. Poor appetite	_____	_____
e. Headaches	_____	_____
f. Muscle/joint aches or pains	_____	_____
g. Itchiness	_____	_____
h. Irritability	_____	_____
i. Depression/Sadness	_____	_____

B2. **Mark with an "x" the place on the line below that best indicates how you feel overall.**

Very Good Very Bad

|\_\_\_\_\_

Scoring: For  
Data  
Manager  
Use Only

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_  
f. \_\_\_\_\_  
g. \_\_\_\_\_  
h. \_\_\_\_\_  
i. \_\_\_\_\_

B2. \_\_\_\_\_