

HALT-C Trial

Central Endoscopy Review

Form # 110 Version B: 10/14/2003

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Patient initials: ____

A3. Visit number: ____

A4. Date form completed: MM / DD / YYYY ____ / ____ / _____

A5. Completer's initials: ____

A6. Dummy ID

SECTION B: VARICES

B1. Is this endoscopy adequate for evaluation?

Yes..... 1 (B2)

No 2 Specify: _____(END OF FORM)

B2. Which views are present?

B2a. All	Yes 1 (B3)	No 2 (B2b)
B2b. Esophagus	Yes..... 1	No 2
B2c. Retroflex	Yes 1	No 2
B2d. Midbody of stomach	Yes 1	No 2

B3. Was there evidence of esophageal varices?

Yes 1 (B3a)

No (Grade 0) 2 (B4)

Could not evaluate because: Unreadable 3 (B4)

Pictures not available 4 (B4)

Other..... 99

Specify: _____(B4)

B3a. Grade of esophageal varices: Small..... (Grade 1)..... 1

Medium (Grade 2)..... 2

Large..... (Grade 3)..... 3

Patient ID: _____ - _____ - _____

B4. Was there evidence of gastric varices?

- Yes 1 **(B4a)**
- No 2 **(B5)**
- Could not evaluate because: Unreadable 3 **(B5)**
- Pictures not available..... 4 **(B5)**
- Other..... 99
- Specify: _____ **(B5)**

- B4a. Type of gastric varices:
- IGV type I 1
 - IGV type II 2
 - GOV type I 3
 - GOV type II 4

B5. Were there any other findings?

- Yes 1
- No 2 **(END OF FORM)**

B5a. Describe other findings: _____ **(END OF FORM)**