Baseline Evaluation (Adult)

Patient ID __ __ - __ ID __ - __ __ __

Date of Evaluation: DOEDATE

Screening Log Reference: Page PNUM Line LNUM

SECTION I: DEMOGRAPHICS

1. Patient's country of birth: _ CBORN _ (Code) ___ CBORNS ____ (Country) *(enter code or country)* ☐ Unknown

   If not born in the United States or Canada, year patient came to U.S. or Canada *(yyyy)*: CAMEUSY ☐ Unknown

2. Patient's parents countries of birth:
   a. Birth Mother _ CBORNM _ ___ CBORNMS _ *(enter code or country)* ☐ Unknown
   b. Birth Father _ CBORNF _ (Code) ____ CBORNFS _ (Country) *(enter code or country)* ☐ Unknown

3. Highest level of school completed *(check only one)*: EDUC

1 ☐ None or some grade school	7 ☐ Associate (2 year) degree
2 ☐ Grade school	8 ☐ Bachelor's degree
3 ☐ Some high school	9 ☐ Master's degree
4 ☐ High school diploma or equivalent (GED)	10 ☐ Doctoral degree
5 ☐ Some college, no degree	11 ☐ Other degree: ____ EDUCOS ___
6 ☐ Vocational or Technical School	☐ Prefer not to answer

4. Current employment status *(check only one)*: WORK
   1 ☐ Employed at a job for pay, full-time
   2 ☐ Employed at a job for pay, part-time
   3 ☐ Homemaker, not currently working for pay
   4 ☐ Not currently employed, retired
   5 ☐ Not currently employed, not retired
   6 ☐ Other: _____ WORKOS _______ ☐ Prefer not to answer

   If 1 or 2, go to question 4.1
   If 3, 4, or 5, go to question 4.3

   4.1 Are you employed outside of the home? HEMP ☐ Yes ☐ No

   4.2 Have you had to reduce the number of hours that you work in an average week because of your hepatitis B? REDHR ☐ Yes ☐ No

   4.3 Did you stop working because of your hepatitis B? ENDWORK ☐ Yes ☐ No

5. Method of insurance *(check all that apply)*:

☐ Medicaid INSMEDCD	☐ Private INSPRIV
☐ Medicare INSMEDCR	☐ Other INSOTH, specify ____INSOTHS_________
☐ Tricare INSTRIC	☐ None / self pay INSNONE
☐ Government (not Medicaid/Medicare/Tricare) INSGOV	☐ Prefer not to answer INSPNTA

SECTION II: FAMILY HISTORY

1. Presence of chronic hepatitis B (HBsAg positivity) in family members: ☐ Yes ☐ No ☐ Unknown HXHBV
   If Yes, *(check all that apply)*

☐ mother	☐ father	☐ siblings	☐ children	☐ spouse/partner	☐ aunts/uncles	☐ grandparents
HXHBVM	HXHBVF	HXHBVS	HXHBVC	HXHBVP	HXHBVA	HXHBVG

2. Liver cancer in family members: ☐ Yes ☐ No ☐ Unknown HXHCC
   If Yes, *(check all that apply)*

☐ mother	☐ father	☐ siblings	☐ children	☐ aunts/uncles	☐ grandparents
HXHCCM	HXHCCF	HXHCCS	HXHCCC	HXHCCA	HXHCCG

3. Diabetes in family members: ☐ Yes ☐ No ☐ Unknown HXDIAB
   If Yes, *(check all that apply)*

☐ mother	☐ father	☐ siblings	☐ children	☐ aunts/uncles	☐ grandparents
HXDIABM	HXDIABF	HXDIABS	HXDIABC	HXDIABA	HXDIABG

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SECTION III: MEDICAL HISTORY

1. Do you have or are you being treated for:

	Yes	No	Unknown
a. Diabetes	☐	☐	☐ **MXDIAB**
b. Hypertension	☐	☐	☐ **MXHYPT**
c. Hyperlipidemia	☐	☐	☐ **MXCHOL**
d. Infections			
i. HCV	☐	☐	☐ **MXHCV**
ii. HDV	☐	☐	☐ **MXHDV**
e. Other liver disease			
i. Alcoholic	☐	☐	☐ **MXALC**
ii. Non-alcoholic fatty liver disease	☐	☐	☐ **MXNASH**
iii. Autoimmune	☐	☐	☐ **MXAUTO**
iv. Genetic/metabolic	☐	☐	☐ **MXMETAB**
f. Glomerulonephritis	☐	☐	☐ **MXGN**
g. Vasculitis / Polyarteritis Nodosa	☐	☐	☐ **MXVASC**
h. Malignancy (other than HCC) specify ________ **MXMALS** __________	☐	☐	☐ **MXMAL**

SECTION IV: MEDICATION HISTORY

1. Is the patient currently taking medication for any of the following reasons? ☐ Yes ☐ No **MEDHX**

   If Yes, *(check all that apply)*

☐ Immunosuppressants **MEDIMM** ☐ Lipid-lowering agents **MEDLIP** ☐ Anticoagulants **MEDCOAG**
☐ Anti-hypertensive agents **MEDHYP** ☐ Anti-diabetic agents **MEDDIAB** ☐ Estrogen/birth control pills **MEDEST**
☐ Other antivirals (e.g. famciclovir) **MEDOTH**

2. Is the patient currently taking any herbs, "natural" or herbal medications? ☐ Yes ☐ No ☐ Unknown **MEDHERB**
3. Is the patient currently taking vitamins or minerals? ☐ Yes ☐ No ☐ Unknown **MEDVIT**

   If Yes, *(check all that apply)*

   ☐ Multi-vitamin **VITMULT** ☐ Vitamin D **VITD** ☐ Vitamin E **VITE** ☐ Folate **VITFOL** ☐ Iron **VITFE** ☐ Calcium **VITCA** ☐ Other **VITOTH**

SECTION V: PHYSICAL EXAM

1. Height: **HGT** 1 ☐ inches 2 ☐ cm **HINCM** ☐ Not done
2. Weight: **WGT** 1 ☐ lbs. 2 ☐ kg **WLBKG** ☐ Not done
3. Waist: **WAIST** 1 ☐ inches 2 ☐ cm **WINCM** ☐ Not done
4. Blood pressure **BPS** / **BPD** mmHg ☐ Not done
5. Does the patient currently have any of the following conditions:
   a. Jaundice ☐ Yes ☐ No ☐ Not done **PEJAU**
   b. Tender liver ☐ Yes ☐ No ☐ Not done **PETL**
   c. Enlarged liver ☐ Yes ☐ No ☐ Not done **PEEN**
   d. Enlarged spleen ☐ Yes ☐ No ☐ Not done **PESP**
   e. Peripheral edema ☐ Yes ☐ No ☐ Not done **PEEDMA**
   f. Muscle wasting ☐ Yes ☐ No ☐ Not done **PEMW**
   g. Spider angiomata ☐ Yes ☐ No ☐ Not done **PESA**
   h. Palmar erythema ☐ Yes ☐ No ☐ Not done **PEPALM**
6. Has patient ever been pregnant? ☐ Yes ☐ No ☐ N/A **PREGE** **(If Yes, complete Pregnancy Questionnaire)**
7. Is the patient pregnant now? ☐ Yes ☐ No ☐ N/A **PREGN**

   If Yes, date of last menstrual period *(mm/dd/yy)*: **LMENM** / **LMEND** / **LMENY**

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SECTION VI: DIAGNOSTIC TESTS

1. Imaging (within 2 years) performed? ☐ Yes ☐ No ☐ Unknown **IMG**

   If Yes,

   a. Date of most recent test *(mm/yy)*: **IMGM** / **IMGY**

   b. Tests performed *(check all that apply)*:

   ☐ CT **IMCT** ☐ MRI **IMMRI** ☐ Liver ultrasound **IMULT** ☐ PET **IMPET** ☐ PET/CT **IMPETCT** ☐ Other _ **IMOS** ________ **IMO**

   c. Report(s) available? ☐ Yes ☐ No **IMREP**

   If Yes, results:

i.	Nodular liver	☐ Yes	☐ No	☐ Unknown **IMNOD**
ii.	Abnormal liver texture	☐ Yes	☐ No	☐ Unknown **IMABT**
iii.	Enlarged spleen	☐ Yes	☐ No	☐ Unknown **IMSPN**
iv.	Ascites	☐ Yes	☐ No	☐ Unknown **IMASC**
v.	Venous collaterals	☐ Yes	☐ No	☐ Unknown **IMVEN**
vi.	Changes indicative of steatosis	☐ Yes	☐ No	☐ Unknown **IMSTEAT**
vii.	Other _________ **IMOTHS** _________	☐ Yes	☐ No	☐ Unknown **IMOTH**

2. Liver biopsy within the last 2 years? ☐ Yes ☐ No ☐ Unknown **LBX**

   If Yes,

   a. Date of most recent biopsy *(mm/yy)*: **LBXM** / **LBXY**

   b. Slides requested? ☐ Yes ☐ No **LBXSL**

SECTION VII: TREATMENT

1. Has patient ever received treatment for HBV (interferon, oral agent)?

   ☐ Yes ☐ No ☐ N/A, participating in HBV/HIV Co-infected Ancillary Study **(All HBV and HIV therapy should be captured on the AH Log for HBV/HIV co-infected participants.)**
   TXHBV

   If Yes, record all treatment ever received:

Antiviral Therapy (see codes)	Data Started* *(mm/dd/yy)*	Date Stopped* *(mm/dd/yy)*	**or** Currently on Therapy
TXB1	**TXB1BM/D/Y**	**TXB1EM/D/Y**	**TXB1CUR**
TXB2	**TXB2BM/D/Y**	**TXB2EM/D/Y**	**TXB2CUR**
TXB3	**TXB3BM/D/Y**	**TXB3EM/D/Y**	**TXB3CUR**
TXB4	**TXB4BM/D/Y**	**TXB4EM/D/Y**	**TXB4CUR**
TXB5	**TXB5BM/D/Y**	**TXB5EM/D/Y**	**TXB5CUR**
TXB6	**TXB6BM/D/Y**	**TXB6EM/D/Y**	**TXB6CUR**

1 = IFN	6 = Peg-IFN
2 = Entecavir	7 = Tenofovir
3 = Telbivudine	8 = Emtricitabine
4 = Lamivudine	9 = Truvada
5 = Adefovir	-3 = Unknown

* record UNK for any piece of the date that is not known

SECTION VIII: RISK ASSESSMENT

1. When was the patient diagnosed with HBV *(mm/yyyy)*? **DXHBVM** / **DXHBVY** ☐ Unknown
2. Has the patient ever had a blood transfusion? ☐ Yes ☐ No ☐ Unknown **BLDTX**
   If Yes, date of first transfusion *(mm/yyyy)*: **BLDTXM / BLDTXY** ☐ Unknown
3. Has the patient ever had renal dialysis? ☐ Yes ☐ No ☐ Unknown **RENDY**
4. Did the patient ever work in a hospital or other health care setting? ☐ Yes ☐ No ☐ Unknown **HOSP**
   If Yes, did a needle stick occur? ☐ Yes ☐ No ☐ Unknown **HOSPNS**
   If needle stick occurred, was the source patient hepatitis B positive? ☐ Yes ☐ No **HOSPNSRC**
5. Has the patient ever used injection drugs except as prescribed by a physician? ☐ Yes ☐ No ☐ Unk **DRUGINJ**
6. Has the patient ever used intra-nasal illicit drugs? ☐ Yes ☐ No ☐ Unknown **DRUGINI**
7. Has the patient ever lived with someone who had hepatitis B when they were living together or shared household items (i.e. razors, toothbrushes, nail clippers) with someone who had hepatitis B? **BCOHAB**
   ☐ Yes ☐ No ☐ Unknown
8. Has the patient ever had a body piercing other than the ears? ☐ Yes ☐ No ☐ Unknown **PIERC**
   If Yes, was the piercing done by a professional? ☐ Yes ☐ No ☐ Unknown **PIERCPRO**
9. Has the patient ever had a tattoo? ☐ Yes ☐ No ☐ Unknown **TAT**
   If Yes, was the tattoo done by a professional? ☐ Yes ☐ No ☐ Unknown **TATPRO**
10. Was the patient's birth mother ever diagnosed with hepatitis B? ☐ Yes ☐ No ☐ Unknown **VERTRM**

SECTION IX: SEROLOGIES AND AUTOANTIBODIES

Instructions: *Record the most recent result for each. If a test was never performed or a result is not available, check "Not done".*

		Positive	Negative	Equivocal	Titer	Date of sample *(mm/yyyy)*	Not done	
1. HBsAg	**HBSAG**	☐	☐	☐		**HBSAGM/HBSAGY**	☐	
2. HbeAg	**HBEAG**	☐	☐	☐		**HBEAGM/HBEAGY**	☐	
3. Anti-HBs	**HBS**	☐	☐	☐		**HBSM/HBSY**	☐	
4. Anti-Hbe	**HBE**	☐	☐	☐		**HBEM/HBEY**	☐	
5. Anti-HDV	**HDV**	☐	☐	☐		**HDVM/HDVY**	☐	
6. Anti-HCV	**HCV**	☐	☐	☐		**HCVM/HCVY**	☐	
7. Anti-HIV	**HIV**	☐	☐	☐		**HIVM/HIVY**	☐	
8. Anti-HBc IgM	**HBC**	☐	☐	☐		**HBCM/HBCY**	☐	→ At eval if acute I is suspected
9. ANA	**ANA**	☐	☐	☐	1: **ANAT**__	**ANAM/ANAY**	☐	
10. ASMA	**ASMA**	☐	☐	☐	1: **ASMAT**_	**ASMAM/ASMAY**	☐	
11. ALKM	**ALKM**	☐	☐	☐	1: **ALKMT**_	**ALKMM/ALKMY**	☐	

SECTION X: VIROLOGY TESTS

1. HBV genotype: **BGEN** ☐ Unknown
2. Most recent HBV DNA level: **BDNA** ☐ Unknown Date *(mm/yy)*: **BDNAM** / **BDNAY**
   Method/Unit: **BUNIT** 1 ☐ IU/mL 2 ☐ copies/mL Lower limit of detection: **BDNALL**

Baseline Evaluation (Adult)

Patient ID __ __ - __ ID __ - __ __ __

Date of Evaluation: DOEDATE

SECTION XI: LABS

Instructions: *Record the most recent result for each. If a lab was not completed as part of the baseline evaluation or within 3 months prior to the initial baseline visit, check "Not done".*

Date of sample *(mm/dd/yy)*: LSAMPM/LSAMPD/LSAMPY

			Date of sample (If different from above) *mm/dd/yy*	Not Done	
1. White blood cells	WBC	$x10^3/mm^3$	WBCM/D/Y	☐	
2. Platelets	PLAT	$x10^3/mm^3$	PLATM/D/Y	☐	
3. Hemoglobin	HGB	g/dL	HGBM/D/Y	☐	
4. Hematocrit	HTC	%	HTCM/D/Y	☐	
5. ALT	ALT	IU/L	ALTM/D/Y	☐	ALT normal range: ALTL - ALTU
6. AST	AST	IU/L	ASTM/D/Y	☐	AST normal range: ASTL - ASTU
8. Alkaline phosphatase	ALKP	IU/L	ALKPM/D/Y	☐	Alk P normal range: ALKPL - ALKPU
8. Total bilirubin	TBILI	mg/dL	TBILIM/D/Y	☐	
9. Direct bilirubin	DBILI	mg/dL	DBILIM/D/Y	☐	
10. Indirect bilirubin	IBILI	mg/dL	IBILIM/D/Y	☐	
11. Albumin	ALB	g/dL	ALBM/D/Y	☐	
12. Total protein	TP	g/dL	TPM/D/Y	☐	
13. Creatinine	CREAT	mg/dL	CREATM/D/Y	☐	
14. Alpha-fetoprotein	AFP	ng/mL	AFPM/D/Y	☐	
15. INR	INR		INRM/D/Y	☐	

SECTION XII: LABS *(These should be fasting labs - optimal is 12 hours, minimum of 8 hours fasting)*

Instructions: *The following labs should be performed as part of the baseline evaluation. Record the result for each. If a lab was not completed as part of the baseline evaluation, check "Not done".*

1. Was the patient fasting for this visit *(optimal is 12 hours, minimum is 8 hours)?* ☐ Yes ☐ No FASTYN
   If Yes, number of hours fasting *(round to nearest hour)*: FASTHR

Date of sample *(mm/dd/yy)*: FLSAMPM/FLSAMPD/FLSAMPY

			Date of sample (If different from above) *mm/dd/yy*	Not Done
a. Cholesterol (total)	TCHOL	mg/dL	TCHOLM/D/Y	☐
b. Triglycerides	TGY	mg/dL	TGYM/D/Y	☐
c. HDL	HDL	mg/dL	HDLM/D/Y	☐
d. LDL	LDL	mg/dL	LDLM/D/Y	☐
e. Glucose	GLU	mg/dL	GLUM/D/Y	☐
f. Insulin	INS	mcU/mL	INSM/D/Y	☐

SECTION XIII: FIBROSCAN and BREATH TEST

1. Did patient consent to fibroscan testing? ☐ Yes ☐ No ☐ Not participating **FBSCON**
2. Was a fibroscan performed as part of the baseline evaluation? ☐ Yes ☐ No **FBS**
   If Yes, date of fibroscan *(mm/dd/yy)*: **FBSM**/**FBSD**/**FBSY** *(Complete the Fibroscan form)*
3. Did patient consent to the breath testing? ☐ Yes ☐ No ☐ Not participating **BTCON**
4. Was a breath test performed as part of the baseline evaluation? ☐ Yes ☐ No **BT**
   If Yes, date of breath test *(mm/dd/yy)*: **BTM**/**BTD**/**BTY** *(Complete the Breath Test form)*

SECTION XIV: BIOSPECIMENS

1. Indicate the status of consent for each:
   a. Serum/plasma for research/storage 1 ☐ Obtained 2 ☐ Refused 3 ☐ Not attempted at this visit **CSERP**
   b. Liver tissue for research/storage 1 ☐ Obtained 2 ☐ Refused 3 ☐ Not attempted at this visit **CLIV**
   c. Genetic sample 1 ☐ Obtained 2 ☐ Refused 3 ☐ Not attempted at this visit **CGEN**
   d. Immunology study 1 ☐ Obtained 2 ☐ Refused 3 ☐ Not attempted at this visit **CIMM**
2. Samples obtained at this visit (*check all that apply*):

☐ NIDDK repository (serum/plasma)	☐ Genetics	☐ Immunology study	☐ Central testing lab	☐ None
NIDDKR	**GEN**	**IMM**	**CLAB**	**NONE**

Note: if participating in immunology study and a patient presents with acute hepatitis B or ALT flare at the initial baseline visit, collect the sample for the immunology study (50mL) and 10mL whole blood for serum at the visit.

SECTION XV: ADMINISTRATIVE

1. Was the baseline evaluation completed in one visit? ☐ Yes ☐ No **BASE**
   If No, date all components of baseline evaluation were complete (last visit date) *(mm/dd/yy)*: **BASEM**/**D**/**Y**
2. Does the patient speak English? ☐ Yes ☐ No **LANG**
   If No, indicate language used to obtain information for HBRN network: **LANGO**
   1 ☐ Spanish 2 ☐ Chinese 3 ☐ Korean 4 ☐ Vietnamese 5 ☐ Other, specify ______**LANGOS**________

Data collector initials: **DCID**

Date data collection completed *(mm/dd/yy)*: **DCM**/**DCD**/**DCY**