



## Follow-Up Events (Adult)

Patient ID \_\_\_ - **ID** \_\_\_ - \_\_\_\_\_

Date of Form: **DOEDATE**

**Instructions:** Check all that apply to report events as they occur or as noted at the time of a protocol follow-up evaluation. Complete the corresponding event forms as appropriate.

- DEATH**  Died, date of death (mm/dd/yy): **DODM / DODD / DODY**
- a) Cause of death (see codes): **\_COD\_** if other or accidental, specify **\_CODS\_** \_\_\_\_\_
- b) Was hepatitis B the primary cause of death?  Yes  No  Unknown **CODHBV1**
- c) Was hepatitis B a contributing cause of death?  Yes  No  Unknown **CODHBV2**
- d) Did the patient die as a complication of therapy of hepatitis B?  Yes  No  Unknown **CODRX**
- TRP**  Liver transplant, date of transplant (mm/dd/yy): **TRPM / TRPD / TRPY**
- a) Indication for transplant (see codes): **\_TRPRSN\_** if other, specify **\_TRPRSNS\_** \_\_\_\_\_
- b) Incidental HCC found on explant?  Yes  No  Unknown **TRPHCC**
- (if Yes, report HCC below & Complete HCC form)**
- HCC**  Hepatocellular carcinoma, date diagnosed (mm/dd/yy): **HCCM / HCCD / HCCY (Complete HCC form)**
- HEPD**  Hepatic decompensation, date diagnosed (mm/dd/yy): **HEPDM / HEPDD / HEPDY**
- Evidence (check all that apply)
- |   |                |
|---|----------------|
| <input type="checkbox"/> Ascites                      | <b>HEPDASC</b> |
| <input type="checkbox"/> Hepatic hydrothorax          | <b>HEPDHYD</b> |
| <input type="checkbox"/> Variceal bleeding            | <b>HEPDVB</b>  |
| <input type="checkbox"/> Portal hypertensive bleeding | <b>HEPDBLD</b> |
| <input type="checkbox"/> Hepatic encephalopathy       | <b>HEPDENC</b> |
| <input type="checkbox"/> CTP score 7 or above         | <b>HEPDCTP</b> |
- CIRR**  Cirrhosis, date diagnosed (mm/yy): **CIRRM / CIRRY**
- Evidence (check all that apply)
- |   |                |
|---|----------------|
| <input type="checkbox"/> Liver histology  | <b>CIRRBX</b>  |
| <input type="checkbox"/> Ascites  | <b>CIRRASC</b> |
| <input type="checkbox"/> Hepatic hydrothorax  | <b>CIRRHVD</b> |
| <input type="checkbox"/> Variceal bleeding  | <b>CIRRVB</b>  |
| <input type="checkbox"/> Portal hypertensive bleeding   | <b>CIRRBLD</b> |
| <input type="checkbox"/> Hepatic encephalopathy   | <b>CIRRENC</b> |
| <input type="checkbox"/> CTP score 7 or above   | <b>CIRRCTP</b> |
| <input type="checkbox"/> Splenomegaly (in the absence of other known cause)                                   | <b>CIRRSP</b>  |
| <input type="checkbox"/> Nodular liver (in the absence of other known cause)                                  | <b>CIRRNOD</b> |
| <input type="checkbox"/> Platelet count < 120,000 cells/mm <sup>3</sup> (in the absence of other known cause) | <b>CIRRPLT</b> |
- SLOSS**  HBsAg loss **(Complete Special Visit form at 12 and 24 weeks following dx)**
- a) Date HBs first undetected (mm/dd/yy): **HBSFUM / HBSFUD / HBSFUY**
- b) Date HBs last positive (mm/dd/yy): **HBSLPM / HBSLPD / HBSLPY**
- ELOSS**  HBeAg loss **(Complete Special Visit form at 12 and 24 weeks following dx)**
- a) Date HBe first undetected (mm/dd/yy): **HBEFUM / HBEFUD / HBEFUY**
- b) Date HBe last positive (mm/dd/yy): **HBELPM / HBELPD / HBELPY**
- ALTF**  ALT flare, date diagnosed (mm/dd/yy): **ALTFM/ALTFD/ALTFY(Complete Special Visit and Flare Resolution forms)**
- LTF**  Patient no longer participating in cohort protocol, date of last contact (mm/dd/yy): **LTFM / LTFD / LTFY**
- Reason (see codes): **\_LTFR\_** if other, specify **\_LTFRS\_** \_\_\_\_\_

Data collector initials: \_\_\_ **DCID**

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