

### Screening Log

HBsAg Positive Patients Only and between 6 Months and < 18 Years of Age When Seen at Clinical Center

Line LNUM	Date Screened (mm/yy)	Year of Birth	Gender (Male/Female) If female, check box if pregnant	Race <i>Check all that apply</i>	Cohort Study Cohort Eligibility Criteria & Consent Check Yes, No, or Not Approached	Participant Information
01	SCRM/ SCRY	DOBY	Gender:  SCRSEX  <input type="checkbox"/> Pregnant SCRPREG	<input type="checkbox"/> White <b>SRACEW</b> <input type="checkbox"/> Black <b>SRACEB</b> <input type="checkbox"/> Asian <b>SRACEA</b> <input type="checkbox"/> American Indian <b>SRACEI</b> <input type="checkbox"/> Native Hawaiian <b>SRACEH</b> <input type="checkbox"/> Other <b>SRACEO</b> Specify other: <b>SRACEOS</b> <input type="checkbox"/> Unknown <b>SRACEU</b>	History of hepatic decompensation <b>HDC</b> History of HCC <b>HCC</b> History of liver transplantation <b>LIVTX</b> Known HIV infection <b>HIV</b> Currently on antiviral therapy for HBV <b>ANTIV</b>  <b>Cohort</b> consent and/or assent obtained? <b>CONS</b> If No, reason <b>CREAS</b> Other, specify <b>CREASO</b>	Date consented <b>CONSM/D/Y</b> (mm/dd/yy)  Patient ID <b>ID</b>  <input type="checkbox"/> check if rescreen <b>RESCR</b>
02	___/___	_____	Gender:  M F  <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N  <b>Cohort</b> consent and/or assent obtained? Y N N/A If No, reason ___ Other, specify _____	Date consented ___/___/___ (mm/dd/yy)  Patient ID ___-___-___  <input type="checkbox"/> check if rescreen
03	___/___	_____	Gender:  M F  <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N  <b>Cohort</b> consent and/or assent obtained? Y N N/A If No, reason ___ Other, specify _____	Date consented ___/___/___ (mm/dd/yy)  Patient ID ___-___-___  <input type="checkbox"/> check if rescreen
04	___/___	_____	Gender:  M F  <input type="checkbox"/> Pregnant	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other Specify other: _____	History of hepatic decompensation Y N History of HCC Y N History of liver transplantation Y N Known HIV infection Y N Currently on antiviral therapy for HBV Y N  <b>Cohort</b> consent and/or assent obtained? Y N N/A If No, reason ___ Other, specify _____	Date consented ___/___/___ (mm/dd/yy)  Patient ID ___-___-___  <input type="checkbox"/> check if rescreen

Reasons consent not obtained: 1=Refused, 2=Language barrier, 3=Unable to comply with follow-up, 4=Patient not approached, clinically ineligible, 6=Patient not approached, other, 9=Other