



Follow-Up Events (Adult)

Patient ID ____ - ____ - ____

Date of Form: ____ / ____ / ____

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.

- Died, date of death (mm/dd/yy): ____ / ____ / ____
- a) Cause of death (see codes): ____ if other or accidental, specify _____
 - b) Was hepatitis B the primary cause of death? Yes No Unknown
 - c) Was hepatitis B a contributing cause of death? Yes No Unknown
 - d) Did the patient die as a complication of therapy of hepatitis B? Yes No Unknown
- Liver transplant, date of transplant (mm/dd/yy): ____ / ____ / ____
- a) Indication for transplant (see codes): ____ if other, specify _____
 - b) Incidental HCC found on explant? Yes No Unknown
- (if Yes, report HCC below & Complete HCC form)**
- Hepatocellular carcinoma, date diagnosed (mm/dd/yy): ____ / ____ / ____ **(Complete HCC form)**
- Hepatic decompensation, date diagnosed (mm/dd/yy): ____ / ____ / ____
- Evidence (check all that apply)
- Ascites
 - Hepatic hydrothorax
 - Variceal bleeding
 - Portal hypertensive bleeding
 - Hepatic encephalopathy
 - CTP score 7 or above
- Cirrhosis, date diagnosed (mm/yy): ____ / ____
- Evidence (check all that apply)
- Liver histology
 - Ascites
 - Hepatic hydrothorax
 - Variceal bleeding
 - Portal hypertensive bleeding
 - Hepatic encephalopathy
 - CTP score 7 or above
 - Splenomegaly (in the absence of other known cause)
 - Nodular liver (in the absence of other known cause)
 - Platelet count < 120,000 cells/mm³ (in the absence of other known cause)
- HBsAg loss **(Complete Special Visit form at 12 and 24 weeks following dx)**
- a) Date HBs first undetected (mm/dd/yy): ____ / ____ / ____
 - b) Date HBs last positive (mm/dd/yy): ____ / ____ / ____
- HBeAg loss **(Complete Special Visit form at 12 and 24 weeks following dx)**
- a) Date HBe first undetected (mm/dd/yy): ____ / ____ / ____
 - b) Date HBe last positive (mm/dd/yy): ____ / ____ / ____
- ALT flare, date diagnosed (mm/dd/yy): ____ / ____ / ____ **(Complete Special Visit and Flare Resolution forms)**
- Patient no longer participating in cohort protocol, date of last contact (mm/dd/yy): ____ / ____ / ____
- Reason (see codes): ____ if other, specify _____

Data collector initials: ____

Date data collection completed (mm/dd/yy): ____ / ____ / ____