Baseline Evaluation (Adult)

Patient ID __ __ - __ **ID** __ - __ __ __
Date of Evaluation: **DOEDATE**

SECTION I: ADVERSE EFFECTS

1. Does the patient currently have any of the following:

	Yes	No		Yes	No
a. Fatigue **FATIG**	☐	☐	l. Joint aches **JOINT**	☐	☐
b. Trouble sleeping **TSLP**	☐	☐	m. Diarrhea **DIARR**	☐	☐
c. Headache **HEADACH**	☐	☐	n. Vomiting **VOMIT**	☐	☐
d. Dizziness **DIZZ**	☐	☐	o. Upset stomach **USTOM**	☐	☐
e. Depression **DEPRESS**	☐	☐	p. Muscle pain **MUSPN**	☐	☐
f. Weight loss (unintentional) **WGTLOSS**	☐	☐	q. Rash **RASH**	☐	☐
g. Decreased appetite **DAPP**	☐	☐	r. Skin irritation **SKIN**	☐	☐
h. Vision problems **VISION**	☐	☐	s. Cold/Flu-like symptoms **FLU**	☐	☐
i. Nausea **NAUS**	☐	☐	t. Hair loss **HAIR**	☐	☐
j. Upper abdominal pain **ADPAIN**	☐	☐	u. Other **SYMOTH**	☐	☐
k. Breathing problems **BREATH**	☐	☐	If yes, specify: **SYMOTHS**		

2. Has the patient experienced any adverse events (reportable at the level of detail of an adverse event), since the last protocol visit? **AE**
   ☐ Yes *(Complete an Adverse Events form, if SAE complete the MedWatch form too)*
   ☐ No

SECTION II: CONCOMITANT MEDICATIONS

1. Has there been any change (start or stop) in prescription medications since the last protocol visit? **CONMED**
   ☐ Yes ☐ No If Yes, update the Concomitant Medication Log
2. Is the patient currently taking any herbs, "natural" or herbal medications? **MEDHERB** ☐ Yes ☐ No ☐ Unknown
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 III: STUDY MEDICATION (do not complete for Control patients)

Confirm acceptable method of contraception, when applicable

1. Was counseling on adherence provided during visit? **MATI** ☐ Yes ☐ No
2. Was study drug (entecavir) dispensed? ☐ Yes ☐ No **DRGDSP** If yes, complete the Study Drug Log
   If No, complete the Off Protocol form

SECTION IV: PHYSICAL ASSESSMENT

1. Weight: **WGT** 1 ☐ lbs. 2 ☐ kg **WLBKG** ☐ Not done
2. Blood pressure: **BPS** / **BPD** mmHg ☐ Not done

SECTION V: BIOSPECIMENS

1. Were samples obtained at this visit? ☐ Yes ☐ No **BIOSPEC**
   If Yes, *(check all that apply):* ☐ NIDDK repository **NIDDKR** ☐ Central lab **CLAB** ☐ Genetics **GEN** ☐ Immunology study **IMM**

Data collector initials: **DCID**
Date data collection completed *(mm/dd/yy)*: **DCM** / **DCD** / **DCY**