

A. Interval History

Since the previous visit, has the participant been diagnosed with...?

A1	<p>Hepatopulmonary Syndrome (HPS)</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p>
A2	<p>Cholangitis</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p> <p>If Yes, please complete the ad hoc Cholangitis CRF.</p>
A3	<p>Fracture (specify bone or body part)</p> <p><input type="radio"/> (Select)</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes (specify): <input type="text"/></p> <p><input type="radio"/> Unknown</p>
A4	<p>Rickets</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p>
A5	<p>Hepatorenal syndrome</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p>
A6	<p>Gallstones</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p>

A7 Hepatic Encephalopathy

No

Yes

Unknown

Please enter details of all clinical elastographies performed since the previous visit.

A8

Date of study	Organ examined	Type of elastography	Mean or final result	IQR/median	Controlled Attenuation Parameter (CAP, FibroScan only)	Edit	Delete
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A9 Has the participant had any GI bleeds since the last visit?

No

Yes

Unknown

If yes, please provide details of each GI bleed:
 (If an endoscopy was performed, please also complete an Endoscopy Ad Hoc CRF.)

A10

GI Bleed Date:	Was an endoscopy performed during the same hospitalization?	Delete	If yes, was the endoscopy performed at your site?
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Z. Questionnaire Completion

Z1 Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the Details page through the CENSUS.

This questionnaire or task has been completed with all available data:

Yes