A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) A3. Staff Initials:___ ___ ____

AA04 A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD To DCC ☐

AA05 A5. Were there any sentinel events during the past year? 1. ☐ Yes, If yes, please complete all that apply. 2. ☐ No – END

AA06P1 A6. If more than one form submitted, this is form ___ of ___.
AA06P2

SECTION B: SENTINEL EVENTS – THIS SECTION MAY BE REPEATED IF MORE THAN ONE EVENT

Please identify all of the sentinel events that the subject experienced DURING THE PAST YEAR. Please provide EITHER start and stop dates OR Duration of episode.

AB01 **B1. Ascites** 1. ☐ Yes 2. ☐ No – Go to B2

AB01D **Details**

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Ultrasound Confirmation	Interventions taken (check all that apply)
AB11SMM__ ___ / ___ ___ / ___ ___ **AB11SDD**___ ___ **AB11SYY** **AB11SDT**	**AB11EMM**__ ___ / ___ ___ / ___ ___ **AB11EDD**___ ___ **AB11EYY** **AB11EDT**	**AB011OG** 1. ☐ Yes 2. ☐ No	**AB011DU**	**AB011UC** 1. ☐ Yes 2. ☐ No	**AB011A** a. ☐ None **AB011B** b. ☐ Paracentesis **AB011C** c. ☐ Antibiotics **AB011D** d. ☐ Diuretics **AB011E** e. ☐ Albumin Infusion **AB011FOT** f. ☐ Other **AB011FSP**:_____
AB12SMM__ ___ / ___ ___ / ___ ___ **AB12SDD**___ ___ **AB12SYY** **AB12SDT**	**AB12EMM**__ ___ / ___ ___ / ___ ___ **AB12EDD**___ ___ **AB12EYY** **AB12EDT**	**AB012OG** 1. ☐ Yes 2. ☐ No	**AB012DU**	**AB012UC** 1. ☐ Yes 2. ☐ No	**AB012A** a. ☐ None **AB012B** b. ☐ Paracentesis **AB012C** c. ☐ Antibiotics **AB012D** d. ☐ Diuretics **AB012E** e. ☐ Albumin Infusion **AB012FOT** f. ☐ Other **AB012FSP**:_____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

AB02BP **B2. Bacterial peritonitis** 1. ☐ Yes 2. ☐ No – Go to B3

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Interventions Taken (check all that apply)
AB21SMM__ ___ / ___ ___ / ___ **AB21SDD**___ ___ **AB21SYY** **AB21SDT**	**AB21EMM**__ ___ / ___ ___ / ___ ___ **AB21EDD**___ ___ **AB21EYY** **AB21EDT**	**AB021OG** 1. ☐ Yes 2. ☐ No	**AB021DU**	**AB021A** a. ☐ None **AB021B** b. ☐ Therapeutic Paracentesis **AB021C** c. ☐ Antibiotics **AB021D** d. ☐ Diuretics **AB021EOT** e. ☐ Other: **AB021ESP** _____
AB22SMM__ ___ / ___ ___ / ___ **AB22SDD**___ ___ **AB22SYY** **AB22SDT** ___	**AB22EMM**__ ___ / ___ ___ / ___ ___ **AB22EDD**___ ___ **AB22EYY** **AB22EDT**	**AB022OG** 1. ☐ Yes 2. ☐ No	**AB022DU**	**AB022A** a. ☐ None **AB022B** b. ☐ Therapeutic Paracentesis **AB022C** c. ☐ Antibiotics **AB022D** d. ☐ Diuretics **AB022EOT** e. ☐ Other: **AB022ESP** _____

1. Culture

Date of Culture (mm/dd/yyyy)	Result	Organism Present (check all that apply)

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

AB211MM__ ___ / ___ ___ / ___ **AB211DD**___ ___ **AB211YY** **AB211DT**	**AB211PN** 1. ☐ Positive 2. ☐ Negative	**AB211A** a. ☐ Enterococcus **AB211B** b. ☐ Escherichia coli **AB211C** c. ☐ Klebsiella species **AB211D** d. ☐ Streptococcus species **AB211E** e. ☐ Staphylococcus species **AB211FOT** f. ☐ Other: **AB211FSP** _____
AB212MM__ ___ / ___ ___ / ___ **AB212DD**___ ___ **AB212YY** **AB212DT**	**AB212PN** 1. ☐ Positive 2. ☐ Negative	**AB212A** a. ☐ Enterococcus **AB212B** b. ☐ Escherichia coli **AB212C** c. ☐ Klebsiella species **AB212D** d. ☐ Streptococcus species **AB212E** e. ☐ Staphylococcus species **AB212FOT** f. ☐ Other: **AB212FSP** _____

2. Ascites Fluid Analysis

Date of Analysis (mm/dd/yyyy)	Total white blood Cell count (ml)	Total neutrophil Count (ml)	Gram stain	Specify
AB221MM__ ___ / ___ ___ / ___ **AB221DD**___ ___ **AB221YY** **AB221DT**	**AB221CC**	**AB221TN**	**AB221GS** 1. ☐ Positive 2. ☐ Negative	**AB221SP**
AB222MM__ ___ / ___ ___ / ___ **AB222DD**___ ___	**AB222CC**	**AB222TN**	**AB222GS** 1. ☐ Positive	**AB222SP**

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

AB222YY **AB222DT**			2. ☐ Negative	

AB03BO **B3. Bones** 1. ☐ Yes 2. ☐ No – Go to B4

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

1. Fractures

Start Date (mm/dd/yyyy)	Ongoing?	Bone (specify)	Side	Interventions
AB311MM__ ___ / ___ ___ / ___ **AB311DD**___ ___ **AB311YY** **AB311DT**	**AB311OG**__ 1. ☐ Yes 2. ☐ No	**AB311BO**	**AB311R** 1. ☐ Right **AB311L** 2. ☐ Left **AB311LR**	**AB0311A** a. ☐ Casting or splinting
AB312MM__ ___ / ___ ___ / ___ **AB312DD**___ ___ **AB312YY** **AB312DT**	1 **AB312OG**__ 1. ☐ Yes 2. ☐ No	**AB312BO**	**AB312R** 1. ☐ Right **AB312L** 2. ☐ Left **AB312LR**	**AB0312A** a. ☐ Casting or splinting

2. Rickets

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Bones involved (specify)	Interventions (check all that apply)
AB321SMM__ ___ / ___ ___ / ___ **AB321SDD**___ ___ **AB321SYY** **AB321SDT**	**AB321EMM**__ ___ / ___ ___ / ___ **AB321EDD**___ ___ **AB321EYY** **AB321EDT**	**AB321OG**__ 1. ☐ Yes 2. ☐ No	**AB321DY**	**AB321SP**	**AB321B** b. ☐ Calcium supplementation **AB321C** c. ☐ Vitamin D supplementation **AB321D** d. ☐ Bisphosphonate **AB321EOY** e. ☐ Other: **AB321ESP** _____
AB322SMM__ ___ / ___ ___ / ___	**AB322EMM**__ ___ / ___ ___ / ___	**AB322OG**__ 1. ☐ Yes	**AB322DY**	**AB322SP**	**AB322B** b. ☐ Calcium supplementation **AB322C** c. ☐ Vitamin D supplementation

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

AB322SDD___ ___ **AB322SYY** **AB322SDT**	**AB322EDD**___ ___ **AB322EYY** **AB322EDT**	2. ☐ No			**AB322D** d. ☐ Bisphosphonate **AB322EOY** e. ☐ Other: **AB321ESP** _____

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

AB04CH **B4. Cholangitis** 1. ☐ Yes 2. ☐ No – Go to B5

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Interventions Taken (check all that apply)
AB41SMM__ ___ / ___ ___ / ___ **AB41SDD**___ ___ **AB41SYY** **AB41SDT**	**AB41EMM**__ ___ / ___ ___ / ___ **AB41EDD**___ ___ **AB41EYY** **AB41EDT**	**AB41OG** 1. ☐ Yes 2. ☐ No	**AB41DY**	**AB41ITA** a. ☐ None **AB41ITB** b. ☐ Antibiotics **AB41ITC** c. ☐ Other: **AB41SP**_____
AB42SMM__ ___ / ___ ___ / ___ **AB42SDD**___ ___ **AB42SYY** **AB42SDT**	**AB42EMM**__ ___ / ___ ___ / ___ **AB42EDD**___ ___ **AB42EYY** **AB42EDT**	**AB42OG** 1. ☐ Yes 2. ☐ No	**AB42DY**	**AB42ITA** a. ☐ None **AB42ITB** b. ☐ Antibiotics **AB42ITC** c. ☐ Other: **AB42SP**_____

AB05CD **B5. Chronic Diarrhea** 1. ☐ Yes 2. ☐ No – Go to B6

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Watery	Bloody	Greasy	Infectious Etiology
AB51SMM__ ___ / ___ ___ / ___ **AB51SDD**___ ___ **AB51SYY** **AB51SDT**	**AB51EMM**__ ___ / ___ ___ / ___ **AB51EDD**___ ___ **AB51EYY** **AB51EDT**	**AB51OG** 1. ☐ Yes 2. ☐ No	**AB51DY**	**AB51WA** 1. ☐ Yes 2. ☐ No	**AB51BL** 1. ☐ Yes 2. ☐ No	**AB51GR** 1. ☐ Yes 2. ☐ No	**AB51IE** 1. ☐ Yes 2. ☐ No 3. ☐ Specify: _ **AB51IESP**_____
AB525SMM__ ___ / ___ ___ / ___ **AB52SDD**___ ___ **AB52SYY** **AB52SDT**	**AB52EMM**__ ___ / ___ ___ / ___ **AB52EDD**___ ___ **AB52EYY** **AB52EDT**	**AB52OG** 1. ☐ Yes 2. ☐ No	**AB52DY**	**AB52WA** 1. ☐ Yes 2. ☐ No	**AB52BL** 1. ☐ Yes 2. ☐ No	**AB52GR** 1. ☐ Yes 2. ☐ No	**AB52IE** 1. ☐ Yes 2. ☐ No 3. ☐ Specify: _ **AB52IESP**

ACMMNT Comment

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

BA04

BB06CO **B6. Coagulopathy** 1. ☐ Yes 2. ☐ No – Go to B7

Start date (month and year) ___ ___ / ___ ___ ___ ___

BB06SMM Month

BB06SYY Year

BB06SDT

BB06ST ☐ Ongoing

Stop Date (month and year) ___ ___ / ___ ___ ___ ___

BB06EMM Month

BB06EYY Year

BB06EDT

BB06ASE a.Prothrombin time (maximal value): ___ ___ ___.___sec

BB06AND 88. ☐ ND

BB06BIN **b.** INR (maximal value): ___.___ ___

BB06BND 88. ☐ ND

BB06CPT **c.** Partial thromboplastin time (PTT): ___ ___ ___.___sec

BB06CND 88. ☐ ND

BB06DPC **d.** Platelet count: ___ ___ ___ ___.___10^3/mm^3

BB06DND 88. ☐ ND

BB06EEB **e.** Easy bruising: 1. ☐ Yes 2. ☐ No

BB06FEP **f.** Epistaxis: 1. ☐ Yes 2. ☐ No

BB06GHE **g.** Hematochezia 1. ☐ Yes 2. ☐ No

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

BB06HOS **h.** Other source of bleeding: 1. ☐ Yes 2. ☐ No

BB06IVK **i.**Response to Vitamin K: 1. ☐ Yes 2. ☐ No 88. ☐ ND

BB06JRC j.Required red cell transfusion? 1. ☐ Yes 2. ☐ No

BB06KFP k.Required fresh frozen plasma or activated factor VII? 1. ☐ Yes 2. ☐ No

BB07GS **B7. Gallstones** 1. ☐ Yes 2. ☐ No – Go to B8

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Symptomatic	Diagnosed By (check all that apply)	Cholecystectomy performed?
BB71SMM **BB71SDD** **BB71SYY** **BB71SDT**	**BB71EMM** **BB71EDD** **BB71EYY** **BB71EDT**	**BB71OG** 1. ☐ Yes 2. ☐ No	**BB71DY**	**BB71SY** 1. ☐ Yes 2. ☐ No	**BB71DBA** a. ☐ Ultrasound **BB71DBB** b. ☐ CT Scan **BB71DBC**c. ☐ MRCP **BB71DBD** d. ☐ At surgery **BB71DBE**e. ☐ Other **BB71SP** (Specify: __ _)	**BB71CF** 1. ☐ Yes 2. ☐ No
BB72SMM **BB72SDD** **BB72SYY** **BB72SDT**	**BB72EMM** **BB72EDD** **BB72EYY** **BB72EDT**	**BB72OG** 1. ☐ Yes 2. ☐ No	**BB72DY**	**BB72SY** 1. ☐ Yes 2. ☐ No	**BB72DBA** a. ☐ Ultrasound **BB72DBB** b. ☐ CT Scan **BB72DBC**c. ☐ MRCP **BB72DBD** d. ☐ At surgery **BB72DBE**e. ☐ Other **BB725SP** (Specify: __ _)	**BB72CF** 1. ☐ Yes 2. ☐ No

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

BB08GB **B8. GI Bleed** 1. ☐ Yes 2. ☐ No – Go to B9

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Site of Bleed: (check all that apply)	Interventions Taken (check all that apply)
BB81SMM **BB81SDD** **BB81SYY** **BB81SDT**	**BB81EMM** **BB81EDD** **BB81EYY** **BB81EDT**	**BB81OG** 1. ☐ Yes 2. ☐ No	**BB81DY**	**BB81SBA** a. ☐ Esophageal **BB81SBB** b. ☐ Gastric **BB81SBC** c. ☐ Duodenal **BB81SBD** d. ☐ Anorectal **BB81SBE** e. ☐ Other **BB811SP** (Specify: _____	**BB81A**a. ☐ None **BB81B** b. ☐ Beta-blockade **BB81C** c. ☐ Vasoconstrictive agent **BB81D** d. ☐ TIPSS **BB81E** e. ☐ Endoscopy **BB81F** f. ☐ Surgical shunt **BB81G** g. ☐ Ligation **BB81H**h. ☐ Transfusion **BB81I**i. ☐ Sclerotherapy **BB81J**. ☐ Other **BB81JSP** (Specify:_____)
BB825SMM **BB82SDD** **BB82SYY** **BB82SDT**	**BB82EMM** **BB82EDD** **BB82EYY** **BB82EDT**	**BB82OG** 1. ☐ Yes 2. ☐ No	**BB82DY**	**BB82SBA** a. ☐ Esophageal **BB82SBB** b. ☐ Gastric **BB82SBC** c. ☐ Duodenal **BB82SBD** d. ☐ Anorectal **BB82SBE** e. ☐ Other **BB825SBS** (Specify: _____	**BB82A**a. ☐ None **BB82B** b. ☐ Beta-blockade **BB82C** c. ☐ Vasoconstrictive agent **BB82D** d. ☐ TIPSS **BB82E** e. ☐ Endoscopy **BB82F** f. ☐ Surgical shunt **BB82G** g. ☐ Ligation **BB82H**h. ☐ Transfusion **BB82I**i. ☐ Sclerotherapy **BB82J**. ☐ Other **BB82JSP** (Specify:_____)

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

BB09HP **B9. Hearing Problems** 1.☐ Yes 2.☐ No – Go to B10

Start Date (mm/dd/yyyy)	Ongoing?	Specify	Severity	Hearing Aids?
BB91SMM **BB91SDD** **BB91SYY** **BB91SDT**	**BB091OG** 1.☐ Yes 2.☐ No	**BB09ICS** 1.☐ Conductive 2.☐ Sensorineural	**BB091SE** 1.☐ Mild 2.☐ Moderate 3.☐ Severe 4.☐ Profound	**BB091HA** 1.☐ Yes 2.☐ No
BB92SMM **BB92SDD** **BB92SYY** **BB92SDT** **BCMMNT Comment**	**BB092OG** 1.☐ Yes 2.☐ No	**BB092CS** 1.☐ Conductive 2.☐ Sensorineural	**BB092SE** 1.☐ Mild 2.☐ Moderate 3.☐ Severe 4.☐ Profound	**BB092HA** 1.☐ Yes 2.☐ No

BB10HS **B10. Hepatopulmonary Syndrome** 1.☐ Yes 2.☐ No – Go to B11

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Diagnostic Test Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Cyanosis	Upright Oxygen saturation	Shunt Fraction	Bubble ECHO cardiogram	Interventions taken
BB101SMM **BB101SDD** **BB101SYY** **BB101SDT**	**BB101EMM** **BB101EDD** **BB101EYY** **BB101EDT**	**BB101MMM** **BB101MDD** **BB101MYY** **BB101MDT**	**BB101OG** 1. ☐ Yes 2. ☐ No	**BB101DY**	**BB101CY** 1. ☐ Yes 2. ☐ No	**BB101OS** __ 88. ☐ ND **BB101SND**	**BB101SF** ___ ___ % 88. ☐ ND	**BB101BE** 1. ☐ Positive 2. ☐ Negative 88. ☐ Not Don **BB101FND**	**BB101IT**
BB102SMM **BB102SDD** **BB102SYY** **BB102SDT**	**BB102EMM** **BB102EDD** **BB102EYY** **BB102EDT**	**BB102MMM** **BB102MDD** **BB102MYY** **BB102MDT**	**BB102OG** 1. ☐ Yes 2. ☐ No	**BB102DY**	**BB102CY** 1. ☐ Yes 2. ☐ No	**BB102OS** __ 88. ☐ ND **BB102SND**	**BB102SF** ___ ___ % 88. ☐ ND	**BB102BE** 1. ☐ Positive 2. ☐ Negative 88. ☐ Not Don **BB102FND**	**BB102IT**

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

BB11HS **B11. Hepatorenal Syndrome** 1.☐ Yes 2.☐ No – Go to B12

Diagnostic Test Date (mm/dd/yyyy)	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Duration (days)	Ongoing?	Peak Serum Creatinine	Interventions taken (check all that apply)
BB111TMM **BB111TDD** **BB111TYY** **BB111TDT**	**BB111SMM** **BB111SDD** **BB111SYY** **BB111SDT**	**BB111EMM** **BB111EDD** **BB111EYY** **BB111EDT**	**BB111DY**	**BB111OG** 1.☐ Yes 2.☐ No	**BB111PS** ___ ___.___mg/dl 88.☐ ND **BB111ND**	**BB111A** a.☐ None **BB111B** b.☐ Dialysis **BB111C** c.☐ Vasopressin **BB111D** d.☐ Octreotide **BB111EOT** e.☐ Other (Specify: **BB111ESP** _____)
BB112TMM **BB112TDD** **BB112TYY** **BB112TDT**	**BB112SMM** **BB112SDD** **BB112SYY** **BB112SDT**	**BB112EMM** **BB112EDD** **BB112EYY** **BB112EDT**	**BB112DY**	**BB112OG** 1.☐ Yes 2.☐ No	**BB112PS** ___ ___.___mg/dl 88.☐ ND **BB112ND**	**BB112A** a.☐ None **BB112B** b.☐ Dialysis **BB112C** c.☐ Vasopressin **BB112D** d.☐ Octreotide **BB112EOT** e.☐ Other (Specify: **BB112ESP** _____)

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

BB12PA **B12. Pancreatitis** 1. ☐ Yes 2. ☐ No – Go to B13

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)
BB121SMM **BB121SDD** **BB121SYY** **BB121SDT**	**BB121EMM** **BB121EDD** **BB121EYY** **BB121EDT**	**BB121DY** 1. ☐ Yes 2. ☐ No	**BB121OG**
BB122SMM **BB122SDD** **BB122SYY** **BB122SDT**	**BB122EMM** **BB122EDD** **BB122EYY** **BB122EDT**	**BB122DY** 1. ☐ Yes 2. ☐ No	**BB122OG**

BB13PH **B13. Portopulmonary Hypertension** 1. ☐ Yes 2. ☐ No – Go to B14

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Diagnostic Test Dat (mm/dd/yyyy)	Ongoing?	Duration (days)	Cyanosis	Shortness Of Breath	Upright Oxygen Saturation	Confirmed By Echo-cardiogram	Confirmed By Cardiac Cath	Intervention (Specify)
BB131SMM **BB131SDD** **BB131SYY**	**BB131EMM** **BB131EDD** **BB131EYY**	**BB131MMM** **BB131MDD** **BB131MYY**	**BB131OG** 1. ☐ Yes 2. ☐ No	**BB131DY**	**BB131CY** 1. ☐ Yes 2. ☐ No	**BB131SB** 1. ☐ Yes 2. ☐ No	**BB131OS** 88. ☐ ND **BB131SND**	**BB131EC** 1. ☐ Yes 2. ☐ No	**BB131CC** 1. ☐ Yes 2. ☐ No	**BB131INSP**

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

BB131SDT	**BB131EDT**	**BB131MDT**									
BB132SMM **BB132SDD** **BB132SYY** **BB132SDT**	**BB132EMM** **BB132EDD** **BB132EYY** **BB132EDT**	**BB132MMM** **BB132MDD** **BB132MYY** **BB132MDT**	**BB132OG** 1. ☐ Yes 2. ☐ No	**BB132DYI**	**BB132CY** 1. ☐ Yes 2. ☐ No	**BB132SB** 1. ☐ Yes 2. ☐ No	**BB132OS_** 88. ☐ ND **BB132SND**	**BB132EC** 1. ☐ Yes 2. ☐ No	**BB132CC** 1. ☐ Yes 2. ☐ No	**BB132INSP**	

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

CA04

CB14PR **B14. Pruritis** 1. ☐ Yes 2. ☐ No – Go to B15

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Scratch Score date (mm/dd/yyyy)	Scratch Score	Interventions (check all that apply)
CB141SMM **CB141SDD** **CB141SYY** **CB141SDT**	**CB141EMM** **CB141EDD** **CB141EYY** **CB141EDT** ___	**CB141OG** 1. ☐ Yes 2. ☐ No	**CB141DY**	**CB141CDK** 55. ☐ DK **CB141CMM** **CB141CDD** **CB141CYY** **CB141CDT**	**CB141SS** 1. ☐ None 2. ☐ Mild scratching when undistracted 3. ☐ Active scratching without abrasion 4. ☐ Active scratching with abrasion 5. ☐ Cutaneous mutilation with bleeding and scarring	**CB141A** a. ☐ None **CB141B** b. ☐ Partial Biliary Diversion **CB141C** c. ☐ Ursodiol (e.g. Actigall) **CB141D** d. ☐ Rifampin **CB141E** e. ☐ Ileal Exclusion **CB141F** f. ☐ Antihistamines (e.g. diphenhydramine, Benadryl) **CB141G** g. ☐ Nasobiliary drainage **CB141H** h. ☐ Cholestyramine (e.g. Questran) **CB141I** i. ☐ Other: **CB141ISP** (Specify) _

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5. ☐ Year 4 6.☐ Year 5 7. ☐ LT/ABD

CB142SMM **CB142SDD** **CB142SYY** **CB142SDT**	**CB142EMM** **CB142EDD** **CB142EYY** **CB142EDT** ___	**CB142OG** 1. ☐ Yes 2. ☐ No	**CB142DY**	**CB142CDK** 55. ☐ DK **CB142CMM** **CB142CDD** **CB142CYY** **CB142CDT**	**CB142SS** 1. ☐ None 2. ☐ Mild scratching when undistracted 3. ☐ Active scratching without abrasion 4. ☐ Active scratching with abrasion 5. ☐ Cutaneous mutilation with bleeding and scarring	**CB142A** a. ☐ None **CB142B** b. ☐ Partial Biliary Diversion **CB142C** c. ☐ Ursodiol (e.g. Actigall) **CB142D** d. ☐ Rifampin **CB142E** e. ☐ Ileal Exclusion **CB142F** f. ☐ Antihistamines (e.g. diphenhydramine, Benadryl) **CB142G** g. ☐ Nasobiliary drainage **CB142H** h. ☐ Cholestyramine (e.g. Questran) **CB142I** i. ☐ Other: **CB142ISP** (Specify) _

A1. Site/Study ID #:___ ___ / **G**___ ___ ___ ___ A2. Visit Date:___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. 1.☐ Baseline 2.☐ Year 1 3.☐ Year 2 4.☐ Year 3 5.☐ Year 4 6.☐ Year 5 7.☐ LT/ABD

CB150T **B15. Other** 1. ☐ Yes 2. ☐ No – END

Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Ongoing?	Duration (days)	Specify
CB151SMM **CB151SDD** **CB151SYY** **CB151SDT**	**CB151EMM** **CB151EDD** **CB151EYY** **CB151EDT**	**CB151OG** 1. ☐ Yes 2. ☐ No	**CB151DY**	**CB151SP**
CB152SMM **CB152SDD** **CB152SYY** **CB152SDT**	**CB152EMM** **CB152EDD** **CB152EYY** **CB152EDT**	**CB152OG** 1. ☐ Yes 2. ☐ No	**CB152DY**	**CB152SP**

CCMMNT Comment