

**LONG-TERM FOLLOW-UP FORM**  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

**VII. Any MAJOR EVENTS/CONDITIONS** since last evaluation? Yes \_\_\_ No \_\_\_

	Cont. from prev. eval. <b>(check if yes)</b>	<b>IF NEW</b> , date of first onset  (MM/DD/YY)	Outcome/ current status this eval period  <b>opposite page)</b>	<b>IF RESOLVED</b> , date of (see codes on (MM/DD/YY)
resolution				
<b>1. CARDIOVASCULAR</b>				
___ 1.1 Hypertension (treated)	___	___/___/___	___	___/___/___
___ 1.2 Cardiomyopathy	___	___/___/___	___	___/___/___
___ 1.3 Pulmonary hypertension	___	___/___/___	___	___/___/___
___ 1.4 Ventricular arrhythmia	___	___/___/___	___	___/___/___
___ 1.5 Congestive heart failure	___	___/___/___	___	___/___/___
___ 1.6 Angina	___	___/___/___	___	___/___/___
___ 1.7 Myocardial infarction	___	___/___/___	___	___/___/___
___ 1.8 Cardiopulmonary arrest	___	___/___/___	___	___/___/___
___ 1.9 Other cardiovascular events, specify	___	___/___/___	___	___/___/___

\_\_\_\_\_ (30 char)

\_\_\_ 1.10 Coronary intervention

	Date (MM/DD/YY)	Type <b>(see codes below)</b>	Other, specify (30 char)
1.10.1	___/___/___	___	_____
1.10.2	___/___/___	___	_____
1.10.3	___/___/___	___	_____
1.10.4	___/___/___	___	_____
1.10.5	___/___/___	___	_____
1.10.6	___/___/___	___	_____
1.10.7	___/___/___	___	_____
1.10.8	___/___/___	___	_____

**Codes**

1. Coronary angioplasty	4. Laser myocardial revascularization
2. MIDCAB	5. Angiogenesis
3. CABG	6. Other, specify

**Check here if additional coronary intervention, and document in COMMENTS section. Use the keywords MORE CARD to precede the comments.**

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**VII. MAJOR EVENTS/CONDITIONS** since last evaluation (continued):

		Cont. from prev. eval. <i>(check if yes)</i>	IF NEW, date of first onset this eval period (MM/DD/YY)	Outcome/ current status <i>(see codes on opposite page)</i>	IF RESOLVED, date of resolution (MM/DD/YY)
<b>2. DIABETES MELLITUS (treated)</b>					
___ 2.1	Diet controlled	___	___ / ___ / ___	___	___ / ___ / ___
___ 2.2	Oral medication	___	___ / ___ / ___	___	___ / ___ / ___
___ 2.3	Using insulin	___	___ / ___ / ___	___	___ / ___ / ___
<b>3. RENAL INSUFFICIENCY (creatinine &gt; 2.0 mg/dl)</b>					
___ 3.1	Not requiring dialysis	___	___ / ___ / ___	___	___ / ___ / ___
___ 3.2	Requiring dialysis	___	___ / ___ / ___	___	___ / ___ / ___
<b>4. ABDOMINAL</b>					
___ 4.1	Ascites	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.2	Varices, non-bleeding	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.3	Upper GI bleed, variceal	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.4	Upper GI bleed, non-variceal	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.5	Lower GI bleed	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.6	GI bleed, unknown	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.7	Vascular thrombosis – hepatic artery	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.8	Vascular thrombosis – portal vein	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.9	Portal hypertension	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.10	Portal vein partial occlusion	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.11	Hepatopulmonary syndrome	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.12	Chronic ulcerative colitis (CUC)	___	___ / ___ / ___	___	___ / ___ / ___
___ 4.13	Crohn's disease	___	___ / ___ / ___	___	___ / ___ / ___
<b>5. BILIARY</b>					
___ 5.1	Cholangitis (bacterial with fever)	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.2	Ischemic cholangitis	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.3	Choledocho-choledocho (C-C) leak	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.4	Choledocho-jej (C-J) leak	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.5	T-tube tract leak/ biliary tube leak	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.6	Anastomotic strictures	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.7	Intra-hepatic strictures	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.8	Strictures/obstruction, NOS	___	___ / ___ / ___	___	___ / ___ / ___
___ 5.9	Stones/debris	___	___ / ___ / ___	___	___ / ___ / ___

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	Cont. from prev. eval. <b>(check if yes)</b>	<b>IF NEW</b> , date of first onset this eval period (MM/DD/YY)	Outcome/ current status <b>(see codes on opposite page)</b>	<b>IF RESOLVED</b> , date of resolution (MM/DD/YY)
___ 6.1 Cyclosporine neurotoxicity	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.2 Tacrolimus neurotoxicity	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.3 Migraine headaches	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.4 Seizures	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.5 Stroke, hemorrhagic	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.6 Stroke, non-hemorrhagic	___	___ / ___ / ___	___	___ / ___ / ___
___ 6.7 Hepatic encephalopathy	___	___ / ___ / ___	___	___ / ___ / ___

6.7.1 Specify code for worst stage \_\_\_\_\_  
**(see codes on opposite page)**

6.7.2 Onset date for worst stage \_\_\_/\_\_\_/\_\_\_  
MM DD YY

\_\_\_ 6.8 Other encephalopathy, \_\_\_ / \_\_\_ / \_\_\_  
specify \_\_\_\_\_  
(30 char) i.e. metabolic, anoxic, uremic

6.8.1 Specify code for worst stage \_\_\_\_\_  
**(see codes on opposite page)**

6.8.2 Onset date for worst stage \_\_\_/\_\_\_/\_\_\_  
MM DD YY

**7. PSYCHIATRIC (medically diagnosed conditions)**

___ 7.1 Alcoholism	___	___ / ___ / ___	___	___ / ___ / ___
___ 7.2 Drug abuse	___	___ / ___ / ___	___	___ / ___ / ___
___ 7.3 Depression	___	___ / ___ / ___	___	___ / ___ / ___
___ 7.4 Other psychiatric conditions (excluding cyclosporine or tacrolimus neurotoxicity)	___	___ / ___ / ___	___	___ / ___ / ___

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**VII. MAJOR EVENTS/CONDITIONS** since last evaluation (continued):

		Cont. from prev. eval. <i>(check if yes)</i>	IF NEW, date of first onset this eval period <i>(MM/DD/YY)</i>	Outcome/ current status <i>(see codes on opposite page)</i>	IF RESOLVED, date of resolution <i>(MM/DD/YY)</i>
<b>8. METABOLIC, TOXIC, OTHER</b>					
___ 8.1	Hypercholesterolemia (total cholesterol > 220 mg/dl)	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.2	Hypertriglyceridemia (triglycerides > 200 mg/dl)	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.3	Hyperkalemia (treated)	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.4	Chronic anemia (HGB < 10 mg/dl)	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.5	Leukopenia (WBC's < 2,000/mm <sup>3</sup> )	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.6	Thrombocytopenia (platelets < 80,000/mm <sup>3</sup> )	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.7	Avascular necrosis (any joint)	___	___ / ___ / ___	___	___ / ___ / ___
	_____				
	specify site (30 char)				
___ 8.8	Hip arthroplasty, excluding AVN	___	___ / ___ / ___	___	___ / ___ / ___
	_____				
	specify reason (30 char)				
___ 8.9	Knee arthroplasty, excluding AVN	___	___ / ___ / ___	___	___ / ___ / ___
	_____				
	specify reason (30 char)				
___ 8.10	Fractures/osteoporosis	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.11	Gout (any gouty arthritis attacks)	___	___ / ___ / ___	___	___ / ___ / ___
___ 8.12	Pouchitis	___	___ / ___ / ___	___	___ / ___ / ___

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**VIII. Any TREATED INFECTIONS** since last evaluation? Yes \_\_\_ No \_\_\_

*Use separate line for each site/organism pair. Infections that occurred more than once should be listed separately (one per line). Infections involving more than one site or more than one organism should be listed separately (one per line). Use codes on opposite page and enter names as well.*

	Site Code	Site name (30 char)	Organism code	Organism name (30 char)	Cont. from prev. eval. <i>(check if yes)</i>	IF NEW, date of positive culture (MM/DD/YY)
1.	_____	_____	_____	_____	_____	___/___/___
2.	_____	_____	_____	_____	_____	___/___/___
3.	_____	_____	_____	_____	_____	___/___/___
4.	_____	_____	_____	_____	_____	___/___/___
5.	_____	_____	_____	_____	_____	___/___/___
6.	_____	_____	_____	_____	_____	___/___/___
7.	_____	_____	_____	_____	_____	___/___/___
8.	_____	_____	_____	_____	_____	___/___/___
9.	_____	_____	_____	_____	_____	___/___/___
10.	_____	_____	_____	_____	_____	___/___/___
11.	_____	_____	_____	_____	_____	___/___/___
12.	_____	_____	_____	_____	_____	___/___/___
13.	_____	_____	_____	_____	_____	___/___/___
14.	_____	_____	_____	_____	_____	___/___/___
15.	_____	_____	_____	_____	_____	___/___/___
16.	_____	_____	_____	_____	_____	___/___/___
17.	_____	_____	_____	_____	_____	___/___/___
18.	_____	_____	_____	_____	_____	___/___/___
19.	_____	_____	_____	_____	_____	___/___/___
20.	_____	_____	_____	_____	_____	___/___/___
21.	_____	_____	_____	_____	_____	___/___/___
22.	_____	_____	_____	_____	_____	___/___/___
23.	_____	_____	_____	_____	_____	___/___/___
24.	_____	_____	_____	_____	_____	___/___/___

**Check here if additional infection(s), and document in COMMENTS section. Use the keywords MORE INF to precede the comments.**

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IX. COMMENTS: Yes \_\_\_\_ No \_\_\_\_

**IF YES**

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(60 char/line)

**DATA ENTRY USE ONLY**

Data Entry     \_\_\_/\_\_\_/\_\_\_

Sysid            \_\_\_\_\_

Verification    \_\_\_/\_\_\_/\_\_\_

Cleaned         \_\_\_/\_\_\_/\_\_\_

Transfer         \_\_\_/\_\_\_/\_\_\_

MM/DD/YY