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

A4. Follow-up visit (month): 2 Week ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ OR Age: ___ ___ mo/yr To DCC ☐

ASCITES

B1. Sequence number ___ ___

B2. Date of presentation/onset ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year)

B3. Date of resolution ___ ___ / ___ ___ / ___ ___ ___ ___ OR 1. ☐ Continuing

B4. Patient was hospitalized 1. ☐ No → **Go to D1** 2. ☐ Yes

a. Date of admission ___ ___ / ___ ___ / ___ ___ ___ ___

b. Date of discharge ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year) OR 1. ☐ Continuing

D1. Ultrasound confirmation 1. ☐ No 2. ☐ Yes

D2. Interventions taken *(check all that apply)*

a. ☐ None
b. ☐ Paracentesis
c. ☐ Antibiotics
d. ☐ Diuretics
e. ☐ Albumin Infusion
f. ☐ Other:_____

D3. Confirmed by medical record: 1. ☐ No 2. ☐ Yes

Investigator/Coordinator Signature:_____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month / Day / Year)