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 ☐

BACTERIAL PERITONITIS

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 E1** 2. ☐ Yes

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

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

E1. Culture 1. ☐ Negative 2. ☐ Positive 8. ☐ ND → **Go to E3**

a. Date ___ ___ / ___ ___ / ___ ___ ___ ___

E2. If culture is positive, organism present *(check all that apply)*

a. ☐ Enterococcus
b. ☐ Escherichia coli
c. ☐ Klebsiella species
d. ☐ Streptococcus species
e. ☐ Staphylococcus species
f. ☐ Other:_____

E3. Ascites fluid analysis 8. ☐ ND → **Go to E4**

a. Date ___ ___ / ___ ___ / ___ ___ ___ ___

b. Total white blood cell count ___ ___ ___ /ml

c. Total neutrophil count ___ ___ ___ /ml

d. Gram stain 1. ☐ Negative 2. ☐ Positive (Specify:_____)

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

BACTERIAL PERITONITIS (Continued)

E4. Interventions taken *(check all that apply)*

a. ☐ None

b. ☐ Therapeutic paracentesis

c. ☐ Antibiotics (Specify type and duration:_____)

d. ☐ Diuretics

e. ☐ Other:_____

E5. Confirmed by medical record 1. ☐ No 2. ☐ Yes

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