

A1. Site/Study ID #: _____ / _____

A2. Date: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

To DCC **SECTION F: Gastrointestinal Bleeding**

F1. Date (mm/dd):

Date: ZGIF01MM V2(2)/ ZGIF01DD V2(2)/ZGIF01DT
Month DayF2. Hematochezia ZGIF02HE V2(2) 1. No 2. YesF3. Melena ZGIF03ME V2(2) 1. No 2. YesF4. Hematemesis ZGIF04HE V2(2) 1. No 2. YesF5. Hemoglobin ZGIF05HE V2(10) _____ . ____ g/dl ZGIF05ND V2(2) 8. NDF6. Hematocrit ZGIF06HE V2(10) _____ . ____ % ZGIF06ND V2(2) 8. NDF7. Intervention necessary ZGIF07IN V2(2) 1. No → Go to F11 2. YesF8. Was medication started ZGIF08ME V2(2) 1. No 2. Yes → Date: ZGIF08MM V2(2)/ ZGIF08DD V2(2)/ ZGIF08DT
Month Day

a. Specify medication: ZGIF08AM V2(300) _____

F9. Packed red blood cell transfusion given ZGIF09TR V2(2) 1. No 2. Yes → Date: ZGIF09MM V2(2)/ ZGIF09DD V2(2)/ ZGIF09DT
Month DayF10. Endoscopic intervention occurred ZGIF10EI V2(2) 1. No 2. Yes → Date: ZGIF10MM V2(2)/ ZGIF10DD V2(2)/ ZGIF10DT
Month DayF11. Hemoglobin less than 6.5 g/dl ZGIF11HE V2(2) 1. No 2. Yes 8. NDF12. Hypotension occurred ZGIF12HO V2(2) 1. No 2. Yes

F13. Blood pressure ZGIF13SY V2(10)/ ZGIF13SDI V2(3) _____ mmHg

F14. Other repeated hemoglobin / hematocrit levels (when clinically indicated) ZGIF14ND V2(2) 8. NDa. Repeat hemoglobin level: ZGIF14AR V2(10) gm/dl Date: ZGI 14AMM V2(2)/ ZGI14ADD V2(2)/ ZGI14ADT
Month Dayb. Repeat hematocrit level: ZGIF14BR V2(10) _____ . ____ % Date: ZGI14BMM V2(2)/ ZGI14BDD V2(2)/ ZGI14BDT
Month Dayc. Repeat hemoglobin level: ZGIF14CR V2(10) _____ . ____ gm/dl: ZGI14CMM V2(2)/ ZGI14CDD V2(2)/ ZGI14CDT
Month Dayd. Repeat hematocrit level: ZGIF14DR V2(10) _____ . ____ % Date: ZGI14DMM V2(2)/ ZGI14BDDD V2(2)/ ZGI14DDT
Month DayInvestigator/Coordinator ZGIINSIG V2(2) _____ Date: ZGISIGMM V2(2)/ ZGISIGDD V2(2)/ ZGISIGYY V2(4)/ ZGISIGDT
Month Day Year

ZGICMMNT V2(800) Comment