

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR 1.  Continuing  
Month Day Year

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