FE

NIDDK

VIRAL HEPATITIS C

FOLLOW-UP EVALUATION

5/2/2003
Version 1.4

FORM KEYS

Patient ID __ __-__ __ __-__ __ __

Time point:

Follow-Up Week _____ (4, 12, 24, 36, or 48)

☐ Premature discontinuation of follow-up

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection __ __ - __ __ - __ __

Date Entered __ __ - __ __ - __ __

Date Verified __ __ - __ __ - __ __
MM DD YY

Patient ID __ __ -__ __ __- __ __ __

FOLLOW-UP EVALUATION

Date of Evaluation ___/___/____
mm dd yy

Since the previous treatment evaluation has the patient had an adverse event?

☐ Yes *(Complete an AE form)* ⟶

☐ No

1.1 Was the event a serious adverse event?
☐ Yes *(Complete a MEDWATCH form)*
☐ No

SECTION I: PHYSICAL EXAM

Weight: __ __ __ lbs.

Heart rate: _____ beats/min

Temperature: __ __ __.__ °F

Blood pressure: _____/_____ mmHg

SECTION II: SYMPTOMS

Has the patient had the following symptoms since the last evaluation:

	Yes	No		Yes	No
1. Fatigue	☐	☐	9. Rash	☐	☐
2. Trouble sleeping	☐	☐	10. Joint aches	☐	☐
3. Irritability	☐	☐	11. Respiratory symptoms	☐	☐
4. Hair loss	☐	☐	12. Muscle aches	☐	☐
5. Depression	☐	☐	13. Headache	☐	☐
6. Weight loss	☐	☐	14. Itching	☐	☐
7. Flu-like symptoms	☐	☐	15. Other	☐	☐
8. GI symptoms	☐	☐			

IF YES Specify: _____

SECTION III: CONCOMITANT MEDICATIONS

Is the patient currently taking any of the following:

	Yes	No
1. Antidepressant medications	☐	☐
2. Respiratory agents	☐	☐
3. Thyroid medications	☐	☐
4. Prescribed medications for chronic hepatitis C	☐	☐
5. Growth Factor (*If yes, complete GF form)*	☐	☐
6. Herbal supplements	☐	☐

IF YES

Specify code(s): 6.1 ____ 6.2. ____ 6.3 ____ 6.4 ____ 6.5 ____ 6.6 ____

SECTION IV: DEPRESSION MANAGEMENT

1. Since your last visit, have you felt depressed, sad, or blue most of the time? ☐ Yes ☐ No
2. Since your last visit, have you often felt helpless about the future? ☐ Yes ☐ No
3. Since your last visit, have you had thoughts about harming or killing yourself or others? ☐ Yes ☐No

SECTION V: COMMENTS: ☐ Yes ☐ No (If yes, record comments on back)

IF YES

_____

_____

_____

_____

SECTION VI: STUDY MEDICATION

For Follow-up Week 4 or Premature Discontinuation of Follow-up prior to Follow-up Week 4 ONLY:
Record the date and time of the last dose of ribavirin and interferon taken from the study medication vials.

Ribavirin		**Interferon**	
Date	Military time	Date	Military time
___/___/_____	_____:_____	___/___/_____	_____:_____
mm dd yy	hr min	mm dd yy	hr min