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SE

NIDDK

VIRAL HEPATITIS C

SCREENING EVALUATION

12/3/2002
Version 1.2

FORM KEYS

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

Time point:

☐ Screen 1

☐ Re-screen

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection __ __ - __ __ - __ __

Date Entered __ __ - __ __ - __ __

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

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

SCREENING EVALUATION

Date of Evaluation ___/___/____
mm dd yy

SECTION I: DEMOGRAPHICS

1. Gender: ☐ Male ☐ Female

2. Date of birth ___/ ___/ ____
mm dd yy

3. Is the patient Hispanic, Latino, or Latina?

☐ No
☐ Yes →

3.1 Specify origin:
- ☐ 1 Cuban
- ☐ 2 Mexican
- ☐ 3 Puerto Rican
- ☐ 4 Other: _____

4. With what race does the patient most identify?

- ☐ White or Caucasian
- ☐ Black or African-American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other _____

5. In what country was the patient born?

- ☐ 1 Continental U.S., Alaska, or Hawaii
- ☐ 2 Other: _____

If the patient identifies a race other than White/Caucasian only or Black/African-American only OR was not born in the continental U.S., Alaska, or Hawaii the patient is not eligible to participate in this study. Discontinue the Screening Evaluation and do not complete the remainder of this form.

SECTION II: LIVER HISTORY

Does the patient have any of the following:

	Yes	No	Unk
1. Current or history of hepatic encephalopathy	☐	☐	☐
2. Current or history of variceal hemorrhage	☐	☐	☐
3. Current or history of ascites	☐	☐	☐
4. Current jaundice	☐	☐	☐

If the response to any of the above liver conditions is YES, the patient is not eligible to participate in this study. Discontinue the Screening Evaluation and do not complete the remainder of this form.

SECTION III: MEDICAL HISTORY

1. Has the patient been told by a doctor that he/she has diabetes? ☐ Yes ☐ No

IF YES

1.1 Current treatment:
☐ 0 None ☐ 1 Diet ☐ 2 Oral medications ☐ 3 Insulin

2. Has the patient been told by a doctor that he/she has high blood pressure or hypertension?

☐ Yes
☐ No

IF YES

2.1 Current treatment (check all that apply):
☐ None ☐ Diet ☐ ACE inhibitors ☐ Beta blockers
☐ Ca channel blockers ☐ Diuretic ☐ Vasodilators ☐ Other: _____

3. Is the patient currently taking any of the following medications (check all that apply):

☐ Lipid-lowering agents

IF YES

Specify type:
☐ 1 Statins ☐ 2 Other:_____

☐ Gastro-intestinal medications

IF YES

Specify type:
☐ 1 Histamine (H_2) receptor antagonists ☐ 2 Proton pump inhibitors ☐ 3 Other:_____

☐ Antidepressant medications

☐ Anxiolytic medications

☐ Antipsychotic medications

☐ Respiratory agents

☐ Thyroid medications

☐ Methadone

4. Is the patient currently taking any herbal supplements for chronic hepatitis C? ☐ Yes ☐ No

IF YES

Specify code(s):
4.1 ____ 4.3. ____ 4.5 ____
4.2 ____ 4.4 ____ 4.6 ____

SECTION IV: SYMPTOMS

Does the patient currently have the following symptoms (within 48 hours):

	Yes	No		Yes	No
1. Fatigue	☐	☐	14. Hair loss	☐	☐
2. Weakness	☐	☐	15. Fever	☐	☐
3. Nausea	☐	☐	16. Chills	☐	☐
4. Vomiting	☐	☐	17. Night sweats	☐	☐
5. Poor appetite	☐	☐	18. Cough	☐	☐
6. Weight loss	☐	☐	19. Shortness of breath	☐	☐
7. Muscle aches	☐	☐	20. Irritability	☐	☐
8. Joint aches	☐	☐	21. Trouble sleeping	☐	☐
9. Headache	☐	☐	22. Difficulty concentrating	☐	☐
10. Pain over liver	☐	☐	23. Depression	☐	☐
11. Other abdominal pain	☐	☐	24. Diarrhea	☐	☐
12. Rash	☐	☐	25. Constipation	☐	☐
13. Itching	☐	☐	26. Other	☐	☐

IF YES Specify: _____

SECTION V: DEPRESSION MANAGEMENT

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

SECTION VI: PHYSICAL EXAM

Height: __ __ __.__ inches

Weight: __ __ __ lbs.

Temperature: __ __ __.__ °F

Heart rate: _____ beats/min

Hip: __ __ __.__ inches

Waist: __ __ __.__ inches

Blood pressure: _____/_____ mmHg

Does the patient currently have the following conditions:

	Yes	No		Yes	No
1. Muscle wasting	☐	☐	4. Enlarged liver	☐	☐
2. Spider angiomata	☐	☐	5. Tender liver	☐	☐
3. Pedal edema	☐	☐	6. Spleen enlargement	☐	☐

SECTION VII: SEROLOGIES

	Results: Positive	Results: Negative	Date of sample mm/dd/yy	Not done	
1. Anti-HAV	☐	☐	___/___/____	☐	Within past 12 months
2. Anti-HBs	☐	☐	___/___/____	☐	
3. HBsAg	☐	☐	___/___/____	☐	
4. Anti-HBc	☐	☐	___/___/____	☐	
5. Anti-HIV	☐	☐	___/___/____	☐	Screen 1
6. Anti-HCV	☐	☐	___/___/____	☐	

SECTION VIII: SCREENING LABS

	Result	Not done	
1. Alpha-fetoprotein	__ __ __.__ ng/ml	☐	Screen 1
2. Cholesterol	__ __ __ mg/dl	☐	
3. TIBC	__ __ __ mcg/dl	☐	Within past 12 months
4. Serum iron	__ __ __ mcg/dl	☐	
5. Ferritin	__ __ __.__ ng/ml	☐	
6. ANA	☐ Positive ☐ Negative Titer _____	☐	
7. Alpha-1-antitrypsin	__ __ __ mg/dl	☐	Ever
8. Ceruloplasmin	__ __.__mg/dl	☐	

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

SECTION IX: COMMENTS: ☐ Yes ☐ No

IF YES

_____

_____

_____

_____

_____

_____