UE

NIDDK

VIRAL HEPATITIS C

UNSCHEDULED VISIT EVALUATION

2/21/2002
Version 1.2

FORM KEYS

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

Date of Evaluation ___/ ___/ _____
mm dd yy

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection __ __ - __ __ - __ __

Date Entered __ __ - __ __ - __ __

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

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

UNSCHEDULED VISIT EVALUATION

Date of Evaluation ___/___/____
mm dd yy

1. Reason for visit: (check one)
   - ☐ 1 Adverse event ⟶ *Complete an Adverse Event (AE) form*
   - ☐ 2 Serious adverse event ⟶ *Complete an Adverse Event (AE) form and MEDWATCH form*
   - ☐ 3 Lab abnormality *(not an adverse event or serious adverse event)*
   - ☐ 4 Other side effect potentially related to study medications
   - ☐ 5 Other intercurrent illness unrelated to study medications or hepatitis C ⟶ *Complete Q.2 only*

2. Were labs completed at this visit?
   ☐ Yes ☐ No *If yes, complete Laboratory Evaluation (LE) form*

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. Injection site reaction	☐	☐
2. Trouble sleeping	☐	☐	10. Rash	☐	☐
3. Irritability	☐	☐	11. Joint aches	☐	☐
4. Hair loss	☐	☐	12. Respiratory symptoms	☐	☐
5. Depression	☐	☐	13. Muscle aches	☐	☐
6. Weight loss	☐	☐	14. Headache	☐	☐
7. Flu-like symptoms	☐	☐	15. Itching	☐	☐
8. GI symptoms	☐	☐	16. Other	☐	☐

IF YES Specify: _____

SECTION III: CONCOMITANT MEDICATIONS

Is the patient currently taking any of the following:

1. Antidepressant medications ☐ Yes ☐ No
2. Respiratory agents ☐ Yes ☐ No
3. Thyroid medications ☐ Yes ☐ No
4. Growth Factor ☐ Yes ☐ No *If yes, complete GF form*
5. Herbal supplements ☐ Yes ☐ No

If yes, specify code(s):
5.1 ____ 5.2 ____ 5.3 ____ 5.4 ____ 5.5 ____ 5.6____

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

_____

_____

_____

_____