

# ALCOHOL RELATED LIVER DISEASE STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)  
 Advisor Assessment Form (AF)

NCEPOD questionnaire number

## INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

### A. PATIENT DETAILS

1. Age at time of admission    years
2. Gender  Male  Female
3. Weight    kg OR   st   lb  Not recorded
4. Height    cm OR  ft   in  Not recorded
5. BMI    Not recorded

### B. ADMISSION and INITIAL ASSESSMENT

6. Time and date of arrival to hospital: Time:     Date:      Not recorded  
h h m m d d m m y y
7. Time and date of admission to first ward: Time:     Date:      Not recorded  
h h m m d d m m y y
8. Was the admission  Non elective  Elective  Not recorded
- 9a. What was the mode of admission?
 

<input type="checkbox"/> Via the Emergency Department	<input type="checkbox"/> Hospital transfer
<input type="checkbox"/> Following outpatients/telephone consultation	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Direct from a GP	<input type="checkbox"/> Not recorded
- 9b. In your opinion was the referral/transfer timely?  Yes  No  Not applicable
- 9c. If NO please expand on your answer?
- 9d. In your opinion was the referral/transfer appropriate?  Yes  No  Not applicable
- 9e. If NO please expand on your answer?























