

Supplementary Table 1. Comparison of Models included in this study

Score systems	Formula	Cutoff
LAP	$(WC - 65) \times TG$ if men; $(WC - 58) \times TG$ [mmol/L] if women	not mentioned
BAAT	BMI ≥ 28 (1 point), Age ≥ 50 years (1 point), ALT $\geq 2N$ (1 point), and TG ≥ 1.7 mmol/L (1 point)	0 or 1 had 100% negative predictive value for the occurrence severe hepatic lesions
KNAFLD	$0.913 \times \text{sex}(1 \text{ if male, } 2 \text{ if female}) + 0.089 \times WC[\text{cm}] + 0.032 \times (SBP [\text{mmHg}] + \text{glucose}[\text{mg/dL}]) + 0.007 \times TG[\text{mg/dL}] + 0.105 \times AST [IU/L] - 20.929$	< -3.285 and > 0.884 were set as cut-off values for no NAFLD and NAFLD
liver Fat Score	$-2.89 + 1.18 \times \text{Mets}(\text{yes} = 1/\text{no} = 0) + 0.45 \times \text{type 2 diabetes}(\text{yes} = 2/\text{no} = 0) + 0.15 \times fS\text{-insulin}[\text{mU/L}] + 0.04 \times fS\text{-AST}(\text{U/L}) - 0.94 \times AST/ALT$	Values > -0.640 predicted NAFLD
Liver Fat Equation	$10^{(-0.805 + 0.282 \times \text{Mets}(\text{yes}=1/\text{no}=0) + 0.078 \times \text{type 2 diabetes}(\text{yes}=2/\text{no}=0) + 0.525 \times \text{LOG}(fS\text{-insulin}[\text{mU/L}] + 0.521 \times \text{LOG}(fS\text{-AST U/L}) - 0.454 \times \text{LOG}(AST/ALT))}$	Percent of Liver Fat(%)
FLI	$e^{0.953 \times \text{Ln } TG[\text{mg/dL}] + 0.139 \times BMI [kg/m^2] + 0.718 \times \text{Ln}(GGT[IU/L] + 0.053 \times WC[\text{cm}] - 15.745)} / (1 + e^{0.953 \times \text{Ln}(TG[\text{mg/dL}] + 0.139 \times BMI [kg/m^2] + 0.718 \times \text{Ln}(GGT[IU/L] + 0.053 \times WC[\text{cm}] - 15.745)}) \times 100$	values < 30 rule out; values ≥ 60 rule in steatosis
HSI	$8 \times (ALT/AST) + BMI$, + 2 if female; +2, if DM	< 30 ruling out and values ≥ 36 ruling in steatosis
FAST	$e^{(-1.65 + 1.07 \times \text{Ln}(LSM) + 2.66 \times 10^{-8} \times CAP^3 - 63.3 \times AST - 1)} / (1 + e^{(-1.65 + 1.07 \times \text{Ln}(LSM) + 2.66 \times 10^{-8} \times CAP^3 - 63.3 \times AST - 1)})$	> 0.35 to predict patients at risk of progressive NASH

Supplementary Table 2 Baseline characteristics of the clinic and scoring systems grouped by status of progression

Baseline	Improve (n = 150)	Keep (n = 381)	Progress (n = 175)	p.value
Basic Information				
Age, years	40 (16)	39 (15)	42 (17.5)	0.1518
Male(N,%)	107 (71%)	268 (70%)	110 (63%)	0.1542
Diabetes(N,%)	44 (29%)	69 (18%)	46 (26%)	0.1466
Mets(N,%)	77 (51%)	147 (39%)	59 (34%)	0.0152
BMI, kg/m2	28.05 (3.68)	28 (4.4)	27.5 (5.05)	0.1959
WC, cm	98.45 (10.25)	98.2 (9.4)	97 (11.4)	0.309
SBP, mmHg	133 (21)	129 (16)	128 (18.5)	0.0719
DBP, mmHg	86 (16)	84 (13)	81 (13.5)	0.0199
Blood Tests				
ALT, U/L	49.7 (43.8)	49.3 (41.9)	34.1 (25.95)	< 0.0001
AST, U/L	33.7 (18.38)	34 (18.5)	26.6 (12.9)	< 0.0001
GGT, U/L	50.2 (35.45)	47.2 (38.8)	36.5 (29)	< 0.0001
UA, umol/L	436 (137)	423 (134)	395 (135)	0.0045
HDL, mmol/L	1.12 (0.3)	1.1 (0.3)	1.12 (0.28)	0.7849
LDL, mmol/L	3.21 (1.2)	3.3 (1.18)	3.22 (1.12)	0.3012
TG, mmol/L	2.4 (1.78)	2.27 (1.61)	1.72 (1.14)	< 0.0001
Glucose, mmol/L	5.6 (1.31)	5.59 (0.96)	5.6 (1.23)	0.8495
Insulin, pmol/L	128.25 (88.67)	121 (96.69)	109 (79.99)	0.0242
Score Systems				
FAST	0.32 (0.33)	0.3 (0.31)	0.16 (0.18)	< 0.0001
HSI	40.97 (7.7)	41.48 (7.37)	39.75 (6.93)	0.0024
FLI	81.68 (21.78)	76.48 (30.52)	65.83 (34.49)	< 0.0001
KNAFLD	2.07 (3.83)	1.89 (3.91)	0.62 (2.6)	< 0.0001
BAAT	2 (1)	2 (1)	1 (1)	< 0.0001
LAP	82.9 (68.03)	78.57 (61.85)	58.64 (49.67)	< 0.0001
Liver Fat Equation	1.29 (3.15)	1.07 (2.98)	0.43 (2.5)	< 0.0001
Liver Fat Score	7.78 (9)	6.87 (6.51)	4.99 (4.9)	< 0.0001
Imaging Results				
CAP, db/m	316 (68.5)	307 (70)	278.5 (60.5)	< 0.0001
LSM, kPa	6.05 (3)	5.9 (2.5)	5.4 (2.15)	0.0109
LFC, %	13.73 (11.67)	11.88 (10.15)	7 (6.2)	< 0.0001

Note: continuous data were described as median(IQR) and compared using Wilcox method, categorical variables were presented as proportions and compared using χ^2 analysis

Supplementary Table 3 Features of changes in variables when samples were grouped by status of progression

Change from baseline	Improve (n = 150)	Keep (n = 381)	Progress (n = 175)	p.value
Basic Information				
dBMI, kg/m2	-0.8 (1.8)	0 (1.2)	0.5 (1.2)	< 0.0001
dWC, cm	-2 (7.03)	-0.5 (7.9)	0.4 (7.85)	0.0003
Blood Tests				
dALT, U/L	-16.5 (36.02)	-3.8 (26.2)	5.3 (22.5)	< 0.0001
dAST, U/L	-7.05 (15.23)	-1.3 (12.8)	3.2 (10.85)	< 0.0001
dGGT, U/L	-12.05 (21.55)	-1.3 (16)	5.7 (18.35)	< 0.0001
dUA, umol/L	-26 (107)	-5 (88)	23 (80.5)	< 0.0001
dHDL, mmol/L	0.01 (0.24)	0.02 (0.25)	0.03 (0.25)	0.8306
dLDL, mmol/L	-0.1 (0.9)	0.05 (0.74)	0.23 (0.76)	0.0014
dGlucose, mmol/L	-0.54 (1.18)	-0.16 (1.19)	0.43 (1.21)	< 0.0001
dInsulin, pmol/L	-10.88 (62.92)	5.2 (73.9)	13.92 (64.74)	< 0.0001
dTG, mmol/L	-0.19 (0.9)	-0.02 (0.87)	0 (1.02)	0.0159
Score Systems				
dKNAFLD	-1.67 (2.63)	-0.2 (2.14)	0.98 (2.1)	< 0.0001
dBAAT	0 (1)	0 (1)	0 (1)	< 0.0001
dLAP	-20.37 (49.05)	-4.23 (45.6)	16.52 (50.42)	< 0.0001
dFLI	-10.46 (20.18)	-1.16 (11.83)	5.33 (19.24)	< 0.0001
dHSI	-3.3 (5.02)	0.1 (3.76)	0.89 (5.14)	< 0.0001
dFAST	-0.14 (0.24)	-0.01 (0.16)	0.06 (0.14)	< 0.0001
dLiver Fat Equation	-2.5 (7)	0.11 (3.81)	1.18 (3.86)	< 0.0001
dLiver Fat Score	-1.1 (2.34)	0.13 (2.04)	0.48 (1.94)	< 0.0001
Imaging results				
dCAP, db/m	-32 (53)	2 (44.5)	24 (55.5)	< 0.0001
dLSM, kPa	-0.7 (1.85)	-0.1 (2)	0.3 (1.9)	< 0.0001
dLFC, %	-45.5 (18.76)	-3.68 (26.05)	63.22 (55.53)	< 0.0001

Note: The table shows the median (IQR) value of variables between 3 groups; prefixed 'd' indicates the changes in biomarkers from baseline to 1 year.

Supplementary Table 4. Noninvasive Model Scores Predicting LFC Change in MASLD Cohort over One Year

Model	dLFC (N=706, %)	P	Model	dLFC (N=706, %)	P
dFAST <= -0.02	-3.1 ± 0.23	<0.001	dFAST > -0.02	2.0 ± 0.24	<0.001
dKNAFLD <= 0.09	-1.9 ± 0.29	<0.001	dKNAFLD > 0.09	2.2 ± 0.23	<0.001
dFLI <= 0.46	-2.1 ± 0.27	<0.001	dFLI > 0.46	1.7 ± 0.24	<0.001
dLiver Fat Score <= 0.59	-0.9 ± 0.20	<0.001	dLiver Fat Score > 0.59	2.6 ± 0.51	<0.001
dLiver Fat Equation <= -0.66	-2.6 ± 0.27	<0.001	dLiver Fat Equation > -0.66	1.3 ± 0.24	<0.001
dHSI <= -0.49	-1.7 ± 0.24	<0.001	dHSI > -0.49	1.6 ± 0.29	<0.001
dLAP <= -0.62	-1.6 ± 0.26	<0.001	dLAP > -0.62	0.9 ± 0.27	0.006
dBAAT <= 0	-3.0 ± 0.38	<0.001	dBAAT > 0	0.4 ± 0.21	0.053

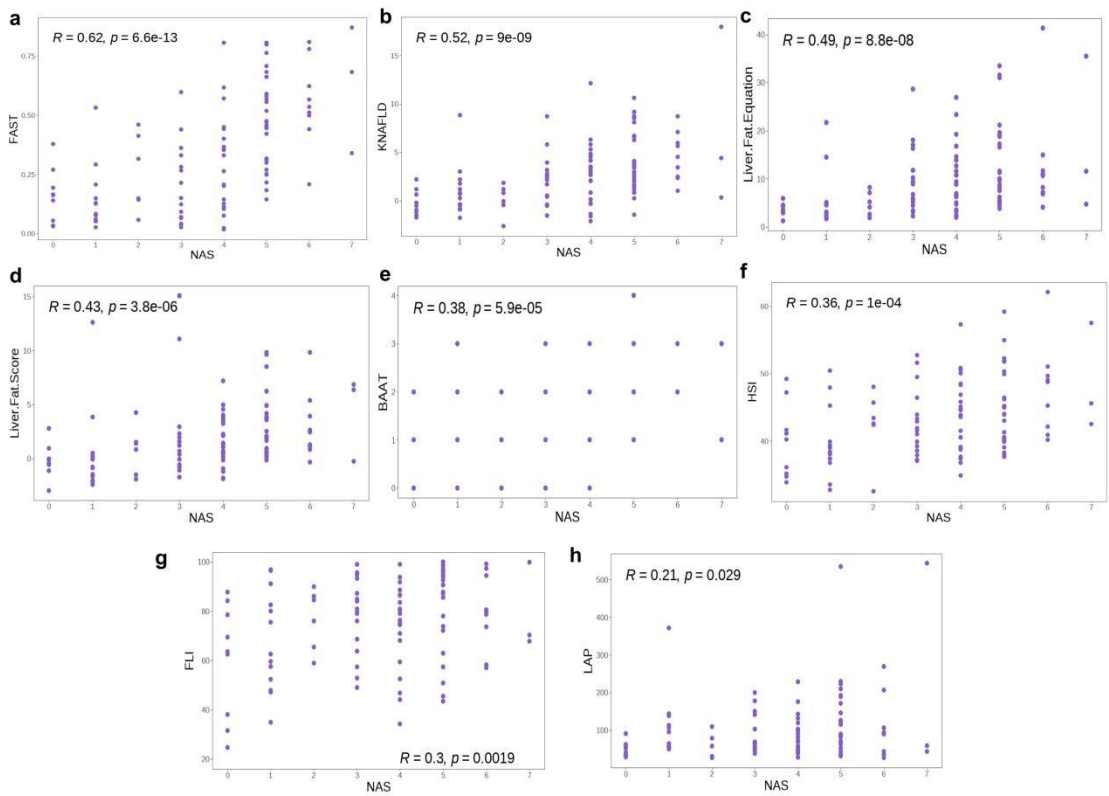
Note: data were showed as estimate± Standard error, Estimate was Estimated Marginal Means calculated by emmeans package, P values are corrected by the FDR method. Model prefixes denoted by 'd' represent the change in the model over one year. dLFC: relative change of LFC.

Supplementary Table 5. Noninvasive Model Scores Predicting NAS Change in MASLD Cohort over One Year

Model	dNAS (N=26)	P
dFAST <= -0.02	-0.76±0.38	0.045
dKNAFLD <= 0.09	-0.58±0.32	0.032
dFLI <= 0.46	-0.83±0.29	0.033
dLiver Fat Score <= 0.59	-0.52±0.28	0.072
dLiver Fat Equation <= -0.66	-0.92±0.01	0.08
dHSI <= -0.49	-0.88±0.29	0.08
dLAP <= -0.62	-1±0.35	0.074
dBAAT <= 0	-0.53±0.32	0.76

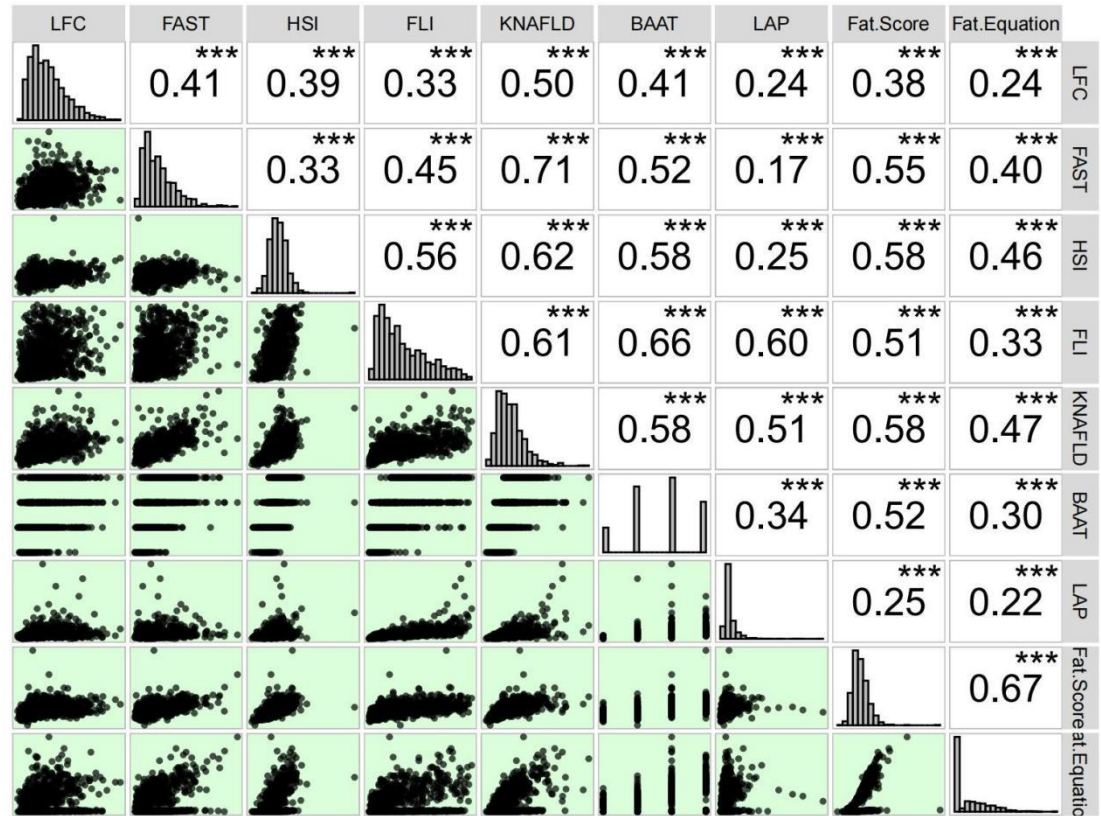
Note: data were showed as estimate± Standard error, Estimate was Estimated Marginal Means calculated by emmeans package, P values are corrected by the FDR method. Model prefixes denoted by 'd' represent the change in the model over one year. dNAS: relative change of NAS.

Supplementary Figure 1: Correlation Between NAS and Eight Clinical Prediction Models



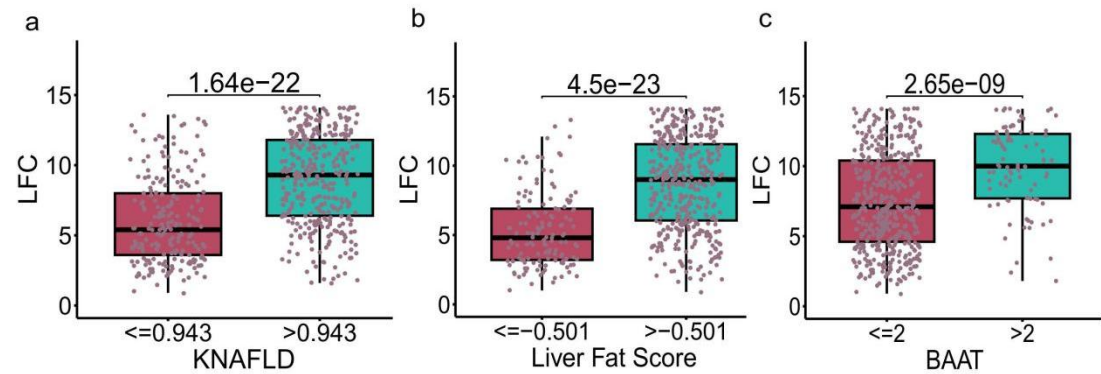
Legend: Scatter plots depict the relationship between the NAS score (x-axis) and the respective model scores (y-axis) for each participant. Different panels represent the correlations between the NAS score and different models. The Spearman's rank correlation coefficient (R) and p-values are indicated for each model.

Supplementary Figure 2: Correlation Analysis Between Clinical Models And Liver Fat Content (LFC).



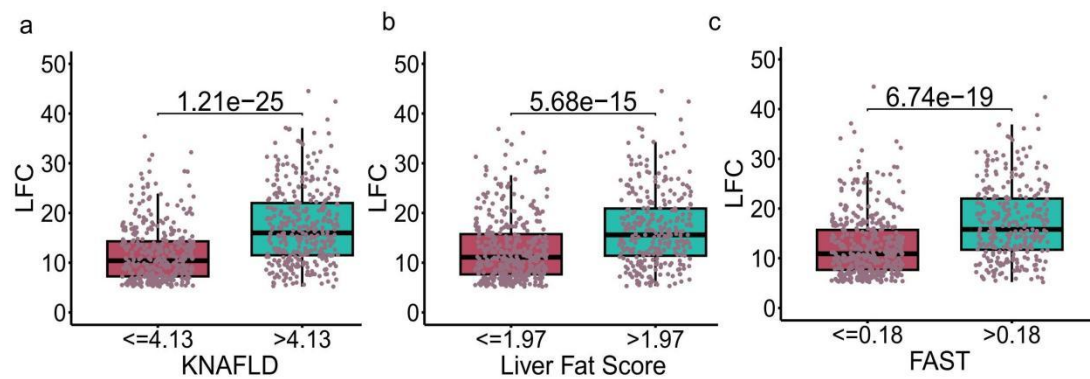
Legend: Numbers indicate the correlation coefficients between two variables; *, **, *** indicate $P < 0.05$, 0.01 , and 0.001 , respectively.

Supplementary Figure 3: Differences in LFC Based on Thresholds of Three Models in the Control and Mild MASLD



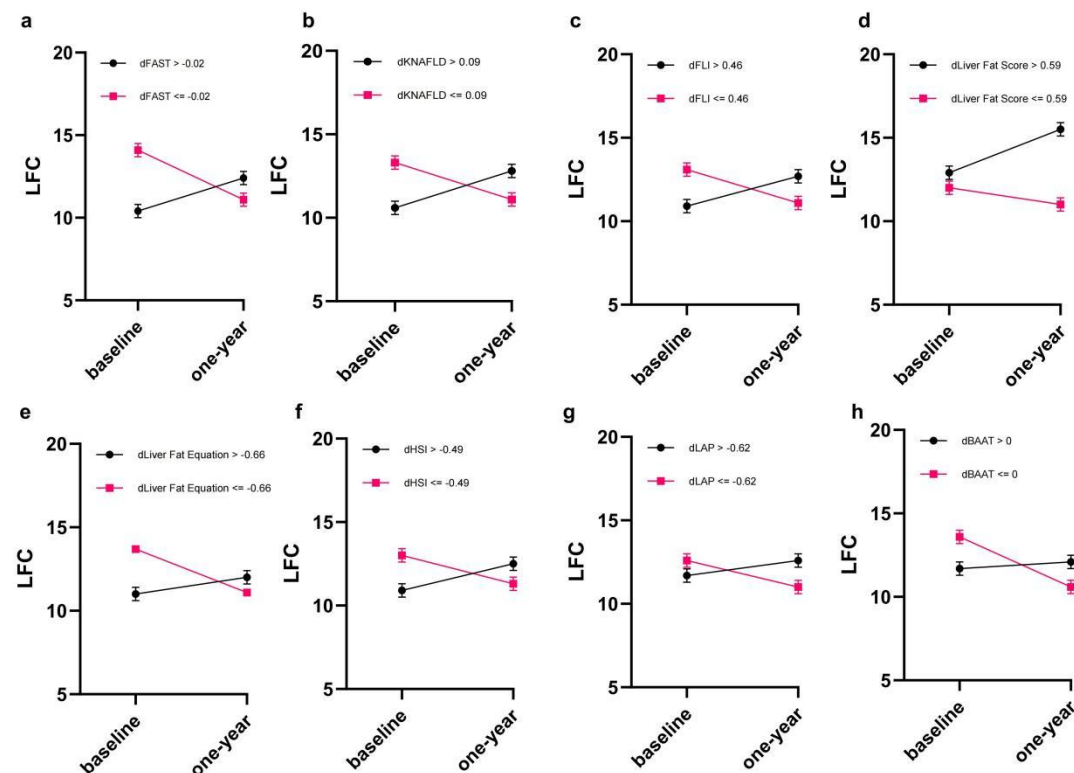
Legend: Boxplots depicting LFC distribution above and below thresholds for three clinical prediction models: KNAFLD, Liver Fat Score, and BAAT. Each boxplot represents the LFC distribution in mild MASLD and control groups, stratified by model threshold. The x-axis indicates "Above" or "Below" the model-specific threshold, while the y-axis shows the LFC. Differences in LFC distributions were assessed using non-parametric tests. Higher LFC values indicate greater liver fat accumulation.

Supplementary Figure 4: Differences in LFC Based on Thresholds of Three Models in the Mild and Moderate-Severe MASLD



Legend: Boxplots depicting LFC distribution above and below thresholds for three clinical prediction models: KNAFLD, Liver Fat Score, and FAST. Each boxplot represents the LFC distribution in mild MASLD and control groups, stratified by model threshold. The x-axis indicates "Above" or "Below" the model-specific threshold, while the y-axis shows the LFC. Differences in LFC distributions were assessed using non-parametric tests. Higher LFC values indicate greater liver fat accumulation.

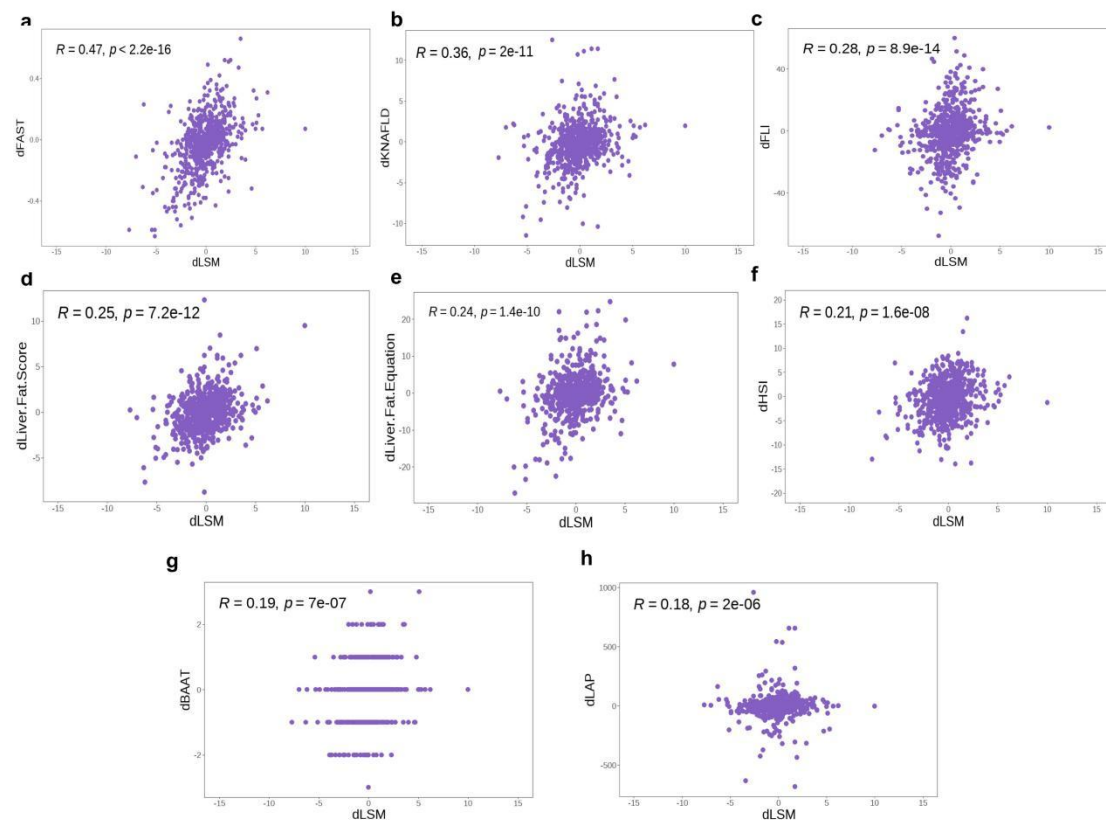
Supplementary Figure 5: Changes in LFC Over Time Predicted by the Eight Clinical Models



Legend: Time course of LFC changes over one year, predicted by eight clinical models: KNAFLD, Liver Fat Equation, Liver Fat Score, BAAT, FAST, HSI, FLI, and LAP. Each panel represents a different model, with LFC

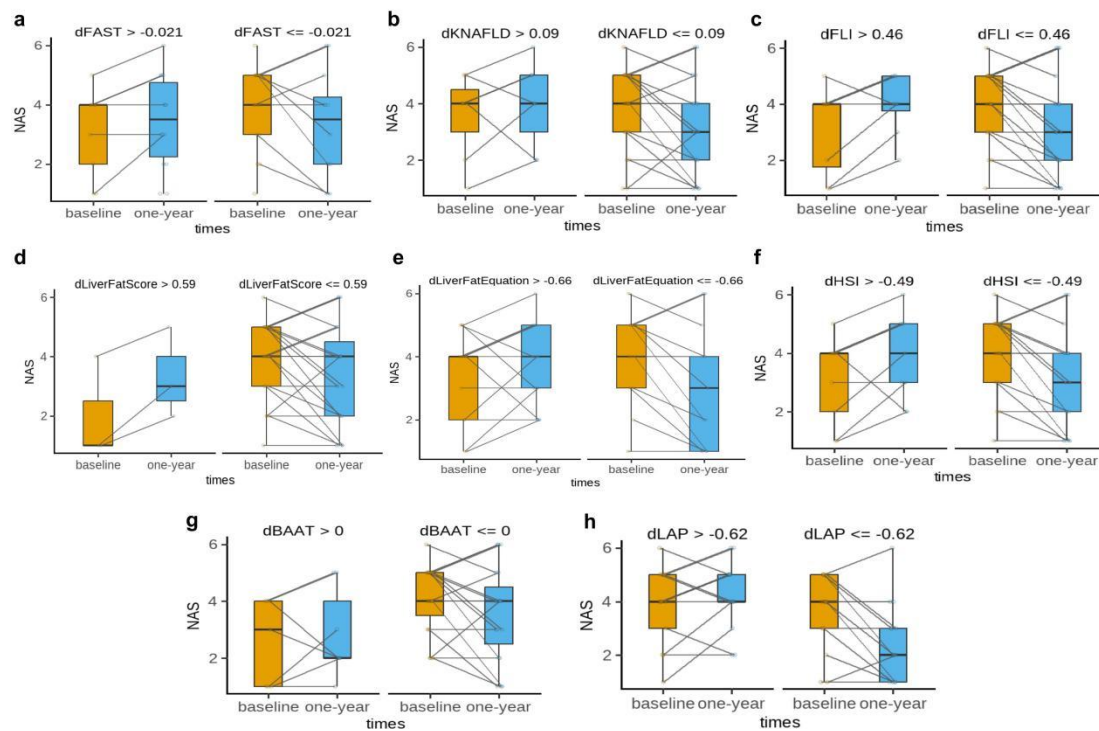
changes depicted at baseline and one year later. Different colors distinguish participants with LFC values above or below the model-specific threshold. The average LFC values at each time point are represented by squares or circles, respectively.

Supplementary Figure 6: Correlation Between Changes in Liver Stiffness Measurement (dLSM) and Changes in Eight Clinical Prediction Models Over One Year



Legend: Scatter plots depicting the Spearman correlation coefficients between changes in liver stiffness measurement (dLSM) and changes in eight clinical prediction models over one year. Each scatter plot represents the correlation between dLSM (x-axis) and the respective model change (y-axis): dFAST, dKNAFLD, dLiver Fat Equation, dLiver Fat Score, dBAAT, dHSI, dFLI, and dLAP. The Spearman's rank correlation coefficient (r) and p-values are indicated for each model. Higher r values indicate stronger positive correlations.

Supplementary Figure 7: Changes in NAS Over Time Predicted by the Eight Clinical Models (N=26)



Legend: Time course of NAS changes over one year, predicted by eight clinical models: KNAFLD, Liver Fat Equation, Liver Fat Score, BAAT, FAST, HSI, FLI, and LAP. Each panel represents a different model, with NAS changes depicted at baseline and one year later. Different part distinguish participants with NAS values above or below the model-specific threshold. The average NAS values at each time point are represented by **Bold horizontal line**, respectively. Lines connect the mean NAS values at baseline and one year post-intervention, showing the trend in NAS changes over time.

The natural history, treatment, prognosis and
outcome of fatty liver

Original record sheet

Trial Center :	<u>The First Hospital of Jilin</u>
Subject Name:	<u>University</u>
Subject name	
abbreviation:	_ _ _ _
Subject Screening	_S_ _ _ _ _
Number:	

**Please read the following instructions carefully
before formally filling out the form**
**Original records, and fill in the
instructions**

1. All the participants in this study should receive GCP training, fully read the test protocol and relevant materials, strictly follow the protocol, and fill in truthfully.
2. All subjects who signed the informed consent form and participated in the screening, whether selected or not, need to fill in.
3. Please be careful, accurate, clear, truthfully, cannot alter, if fill in error, modify cannot black, use the correction fluid or trying to erase, should fill in the wrong data with line line, fill in the correct information, and the clinical trial is responsible for the doctor in modify signature, date. Example: 39_37Zhang Hong 2013.02.15;
4. Please delimit "X" in each item or ☐, and fill in the corresponding text or number, and fill in all the items completely. Choose a pen or a signature pen to fill in hard;
5. If for some reason, add "ND" for "none or missed"; "UNK" for "Not available"; "Not available" or "NA", and avoid the abbreviation "";
6. The patient's name is filled in four characters, two characters name filled in the first two letters of two words; three characters name filled in the first word initial
With the first two letters of the third word; four or more words to fill in the first four initials. Example: zhang hong | Z | H | H | O | | L | S | M | _I
|, OuYangXiaoH | O | Y | X | H;
7. All dates are expressed in the format of year / month / day, for example, February 15,2012 should be written as "February 15,2012"; all times are expressed in a 24-hour system, such as recorded at 3 PM as "15:00";
8. Each laboratory inspection report and test sheet shall be posted on the paste page of the original record sheet.
9. Strictly observe and truthfully fill in the adverse event record form. Serious adverse events are reported as follows:

Contact unit	contacts	contact way
The First Hospital of Jilin	Ethics	Locator: 0431-88782013

University	Committee	
Phase I Clinical Trial Laboratory of the First Hospital of Jilin University		
Drug Research and Supervision Division, Department of Safety Supervision, State Food and Drug Administration		Hub: 010-683133441023 or 1033 Fax: 010-88363228

(Serious adverse events should be reported to all units in the table within 24 hours of notification!)

A essential information

Name: _____ Gender: male ☐ and female ☐

Nationality: Han ☐ Other ☐ Date of birth: year month day

Marriage: unmarried ☐ married ☐ divorced ☐ widowed ☐

Education level: illiterate ☐ primary school ☐ junior high school ☐ high school ☐ junior college or above ☐

Occupation: farmer ☐ ☐ worker ☐ teachers ☐ individual ☐ cadres ☐ other

Id card number:

Personal phone: family phone:

Other calls: ☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Home address: Town, Township, County, City, Province

Current weight: kg Height: cm abdominal circumference: cm

B Smoking and drinking status

1, whether smoking: now smoking ☐ already quit ☐ never smoking ☐

If smoking, the number of smoking years: ____ years; daily smoking amount: _____ cigarettes / day

If you have quit smoking, quit smoking years: ____ years; ____ years of smoking years before quitting; daily smoking amount: _____ cigarettes / day

2, whether to drink: drink ☐ quit ☐ never drink ☐

If drinking, drinking years: _____ years;

Drinking types (optional): liquor ☐ beer ☐ fruit wine ☐

Liquor weekly frequency: _____ times / week drinking amount:
two / time or two / week

Beer frequency per week: _____ times / week Drinking amount:
bottle / time or bottle / week

Wine frequency per week: _____ times / week alcohol consumption: _____
☐☐ two / times or ☐☐ two / week

If drinking, years: _____ years; years of drinking: _____ years;

Alcohol consumption: liquor _____ two / week, beer _____ bottle / week,
fruit wine two / week

C. Past status

1. Do you have a history of surgery: Have ☐. No ☐. If you have any, please fill in the following items:

First operation time year month operation reason: trauma ☐
disease ☐ birth control ☐ abortion ☐ other

The last operation time year month operation reason: trauma
☐ disease ☐ birth control ☐ abortion ☐ other

2, whether you have blood transfusion: ☐ without ☐, please fill in the following items:

Time of first transfusion: , total number of transfusion: _____

Cause of blood transfusion: trauma ☐ hematemesis or hemoptysis ☐ surgery
☐ anemia except the above causes ☐ other _____

3, whether you have donated blood: ☐ no ☐ If any, please fill in the following items:

Blood donation without compensation: paid ☐ free ☐

Place of blood donation: blood donation vehicle ☐ blood bank ☐ private
place ☐ hospital ☐ other _____

Time of first blood donation: , , the total number of blood
donation: _____ times

The last blood donation time: month, , the reason for stopping
blood donation: _____

4, do you have a history of tattoo or tattoo: ☐ no ☐ if any, please fill in the following:

Time: year month

Erush tattoo or tattoo place: regular hospital ☐ personal clinic ☐ market
stalls ☐ beauty salon ☐ other _____

5, have you pierced the ear eye: ☐ no ☐ if any, please fill in the following items:

Ear eye time: year month, a total of a few ear eyes: _____

Ear eye location: regular hospital ☐ personal clinic ☐ market stall ☐ at
home ☐ beauty salon ☐ others

6. Do you have a history of dental repair: ☐ No ☐ If any, please fill in the following items:

Time of first tooth repair: month, total number of tooth
repair: _____ times

Place of dental repair: city and county hospital ☐ township hospital ☐ personal clinic ☐ market
stalls ☐ other _____

D health condition

1. Do you have any of the following diseases

(1) Hepatitis: ☐ without ☐ If ☐ has, please fill in the following items:

Hepatitis type: hepatitis A ☐ hepatitis B ☐ hepatitis C ☐ hepatitis E ☐
unknown ☐ icteric hepatitis ☐ Other

Without jaundice: with ☐ without ☐ without ascites: with ☐ without ☐

With or without upper gastrointestinal bleeding: with ☐ and without ☐

Diagnosis hospital: provincial ☐ municipal ☐ county level ☐ township
☐ individual clinic ☐ other _____

(2) Diabetes: ☐ without ☐ if ☐, please fill in the following items:

Disease type: type 1 diabetes mellitus ☐ type 2 diabetes mellitus ☐

Time of diagnosis: month, year

therapeutic regimen:

Exercise diet control ☐

Type and usage of oral hypoglycemic drugs ☐:

Start application time: year month day

Discontinuation time:

Reasons for discontinuation: cure ☐ as prescribed ☐ side effects ☐ economic
reasons ☐ other _____

Type and usage of insulin ☐:

Start application time: year month day

Discontinuation time:

Reasons for discontinuation: cure ☐ as prescribed ☐ side effects ☐ economic
reasons ☐ other _____

Post-treatment Results (recent):

Year month day fasting blood glucose: _____mmol/l

Year month day postprandial blood glucose: _____mmol/l

month day A 1 c hemoglobin: _____

(3) Thyroid disease: there is ☐ without ☐ if ☐, please fill in the following items:

Disease type: hyperthyroidism ☐ decreased thyroid function

☐ thyroid nodules ☐ Time of diagnosis: ,
months

Treatment regimen: no ☐ taabazole ☐ thyroxine ☐ surgery ☐ other

Current status: cured ☐ under treatment or observation ☐

(4) Gout: has ☐ without ☐ do not know if ☐ has, please fill in the following items:

Time of diagnosis: month, year

Treatment regimen: no ☐ non-steroidal anti-inflammatory drugs ☐ uric acid-lowering drugs ☐ other _____

Current status: cured ☐ under treatment or observation ☐

presence or absence of acute gout attack in the past 3 months: ☐
without ☐

Time of the most recent acute gout attack: year month day

The latest test blood uric acid: _____ mmol/l

(5) Fatty liver: ☐ without ☐ do not know if ☐, please fill in the following items:

Time of diagnosis: month, year

Treatment regimen: no ☐ medication ☐ exercise ☐ weight loss ☐ other _____

Current status: cured ☐ under treatment or observation ☐

2. Do you have the following symptoms (multiple options):

Dry mouth ☐ dry eyes ☐ skin itching ☐ joint pain ☐ no ☐

3. Do you have the following symptoms (multiple options):

Hidden pain in the liver region ☐ upper abdomen fullness ☐ loss of appetite ☐ acid reflux hiccups ☐ nausea ☐ tired greasy ☐ fatigue and weakness ☐ lower limb edema ☐ unexplained wasting ☐ skin sallow or abnormal dark ☐ haematemesis or black stool ☐ other _____ above no ☐

4, whether you have done liver B ultrasound or color ultrasound examination: ☐ without ☐

If available, test result: normal ☐ hepatitis ☐ fatty liver ☐ cirrhosis ☐ liver cyst ☐

Hepatic hemangioma ☐ liver occupancy ☐ other _____ do not know the results ☐

5, do you know that you have hepatitis B: yes ☐ no ☐

If you know, please fill in the following items:

The earliest diagnosis time: year month day

Diagnostic hospital: provincial ☐ city ☐ county ☐ township ☐

individual clinics ☐ other _____ diagnostic criteria: HbsAg

positive ☐ HbeAg positive ☐ HbeAb positive ☐ HbcAb positive ☐

HBV DNA quantitative ☐ maternal and infant inheritance ☐ other _____

Whether ated: Yes ☐ no ☐

If treated, treatment regimen: liver protection ☐ interferon ☐ nucleoside analogue ☐ other _____ interferon start application time: day

Discontinuation time:

Reasons for discontinuation: cure ☐ as prescribed ☐ side effects ☐ economic reasons ☐ other _____

Nucleoside analogue drugs: lamivudine ☐ adefovir disterin ☐ tebivudine ☐ entecavir ☐ tenofovir ☐

Start application time: year month day

Discontinuation time:

Reasons for discontinuation: cure ☐ as prescribed ☐ side effects ☐ economic reasons ☐ other _____

6. Do you know that you have hepatitis C: Yes ☐ No ☐ If you know, please fill in the following items:

The earliest diagnosis time: year month day

Diagnosis hospital: provincial ☐ municipal ☐ county level ☐ township ☐ individual clinic ☐ other _____

Diagnostic criteria: hepatitis C antibody positive ☐ HCV RNA quantitative ☐ antibody positive and HCV RNA quantitative ☐ other _____

Whether ated: Yes ☐ no ☐

If treated, first treatment time: ☐☐☐☐ ☐☐ ☐ ☐

Treatment regimen: liver preservation treatment ☐ interferon treatment ☐
protease inhibitor ☐

If interferon is used, start time: ☐☐☐☐ ☐☐ ☐ ☐

Usage: ____ once per day; dosage: ____ 10,000 units / time

Discontinuation time: ☐☐☐☐ year ☐☐ month ☐ ☐ day

Reason for disuse: cure ☐ medical advice ☐ follow the side
effects ☐ economic reasons ☐ other ____ if applying

protease inhibitors, start of use time: ☐☐☐☐ ☐☐ ☐ ☐
day

Type: _____; Usage: _____

Discontinuation time: ☐☐☐☐ year ☐☐ month ☐ ☐ day

Reasons for discontinuation: cure ☐ as prescribed ☐ side effects ☐
economic reasons ☐ other ____

E F Hx

1, whether your family has hepatitis patients: ☐ no ☐ do not know ☐ if there is, please fill in the following:

Hepatitis type: hepatitis A ☐ hepatitis B ☐ hepatitis C ☐

hepatitis E ☐ Other _____ Unknown ☐ Number of patients: _____

patients

Specific person is (optional): father ☐ mother ☐ ☐ son ☐ daughter ☐
brothers ☐ sisters ☐

Lover ☐ other co-resident relatives _____

Current status: cured ☐ under treatment or observation ☐ death of disease
☐ death of other diseases ☐

2, whether your family has fatty liver patients: ☐

without ☐ do not know ☐ if there is, please
fill in the following:

Number of patients: _____ person

Specific person is (optional): father ☐ mother ☐ ☐ son ☐ daughter ☐
brothers ☐ sisters ☐

Lover ☐ other co-resident relatives _____

Treatment regimen: no ☐ medication ☐ exercise ☐ weight loss ☐ other

3, whether your family has cirrhosis patients: ☐ no ☐ do not know ☐ if there is, please fill in the following:

Cause of liver cirrhosis: hepatitis B ☐ hepatitis C ☐ alcohol liver ☐
other _____ unknown ☐

Number of patients: _____ person

Specific people are (optional): father ☐ mother ☐ son ☐ ☐ daughter ☐ brothers ☐ sisters ☐

lovers ☐ of other relatives living together _____

Current status: cured ☐ under treatment or observation ☐ death of disease
☐ death of other diseases ☐

4, whether your family has liver cancer patients: ☐ no ☐ do not know ☐ if any, please fill in the following items:

Causes of liver cancer: hepatitis B ☐ hepatitis C ☐ alcohol liver ☐
other _____ unknown ☐

Number of patients: _____ person

Specific person is (optional): father ☐ mother ☐ ☐ son ☐ daughter ☐
brothers ☐ sisters ☐

Lover ☐ other co-resident relatives _____

Current status: under treatment or observation ☐ death of disease ☐ death
of other diseases ☐

Vital signs, symptoms, and physical examination:

project	normal	Abnormal no Clinical meaning justice	Abnormal have imminent, bed meaning	ND	If abnormal, please indicate it
Skin, mucous membrane	☐	☐	☐	☐	
lymph gland	☐	☐	☐	☐	
head	☐	☐	☐	☐	
neck	☐	☐	☐	☐	
chest	☐	☐	☐	☐	
belly	☐	☐	☐	☐	
Spine / limbs	☐	☐	☐	☐	
nervous system	☐	☐	☐	☐	
other	☐	☐	☐	☐	
ECOG grade	_ component				

remarks: Operators: _____

Medication history Details: _____

Operators: _____	
vital sign	
Body temperature (°C): _ _ . _ Pulse (second / minute): _ _ _ Blood pressure (mmHg): systolic blood pressure _ _ diastolic blood pressure _ _ operator: _____	
Height, body weight, abdominal circumference, and waist circumference	handlers:
Weight (kg): _ _ . _ Height (cm): _ _ _ . _ Body mass index: _ _ (kg / m 2) Body mass index (BMI) = weight (kg) / height 2 (m 2) Abdominal circumference: (cm): _ _ _ . _ Waist circumference (cm): _ _ _ . _	

Study doctor signature: _____ date: | _ _ _ | _ _ | _ years

Abdominal color ultrasound

Date: 20 | | | | | | | day

Re-inspection: No ☐ No filling in the following items; Yes ☐ Please fill in the following items;

Date: 20 | | | | | | | | | |

F i broscan

| | | | | | | | | |

Date: 20 years, month, day

Re-inspection: No ☐ No filling in the following items; Yes ☐ Please fill in the following items;

Date: 20 | | | | | | | | | |

MRI -PDFF

☐ not applicable

date:20| | | | | | | | day

Re-inspection: No ☐ No filling in the following items; Yes ☐ Please fill in the following items;

Date: 20 years, month, day

laboratory examination

date: 20|_|_| Year |_|_| month |_|_| day

Blood specimen collection time: |_|_|: |_|_| Collection person: _____

Time of urine specimen collection: |_|_|: |_|_| Collected by: _____

Collection ecal of collection time: |_|_|: |_|_| Collection: _____

Re-inspection: No ☐ No filling in the following items; Yes ☐ Please fill in the following items;

date: 20|_|_| Year |_|_| month |_|_| day

Blood specimen collection time: |_|_|: |_|_| Collection person: _____

Time of urine specimen collection: |_|_|: |_|_| Collected by: _____

Collection ecal of collection time: |_|_|: |_|_| Collection: _____

Laboratory examination, ultrasound report form paste place
