1. Classifiers
   1. Alcohol Use: any mention of drinking regardless of amount
      1. If note also mentions abuse (e.g., “dependence”, “abuse”, “at risk drinking”, “excessive alcohol consumption”) then add attribute “Abuse” by clicking on check box
   2. Drug Abuse:
      1. Any mention of any illicit drugs:
         1. Cannabinoids: marijuana, hashish
         2. Opioids: heroin, opium
         3. Stimulants: cocaine, amphetamine, methamphetamine
         4. Club drugs: MDMA, Rohypnol (flunitrazepam, roofies), GHB
         5. Dissociative drugs: ketamine, PCP, salvia
         6. Hallucinogens: LSD, mescaline (peyote), psilocybin (shrooms)
         7. Inhalants: solvents (e.g., paint thinners), gases (e.g, propane), nitrites (poppers, laughing gass, whippets)
      2. Any mention of medical marijuana: as VISN 9, from which all patient encounters were obtained for this dataset, does not allow medical marijuana any description of use will be considered illicit
      3. Prescription medication abuse: barbiturates, benzodiazepines, sleep medications, opioids, stimulants for ADHD
      4. DO NOT INCLUDE: anabolic steroids, HGH
   3. IV drug abuse: Add attribute “IV Drugs” by clicking on the check box
      1. Routes: intravenous, intramuscular, and subcutaneous should all count as IV drug abuse
      2. assume any mention of heroin constitutes IV drug abuse. Or if note explicitly states that a drug normally taken in another route was injected (e.g., cocaine, methamphetamine).
      3. The form does not differentiate between [Non IV Drugs + IV Drugs] versus [IV Drugs only]
   4. Encephalopathy: an acute on chronic change of mental status that is either ascribed to hepatic encephalopathy or non-specific encephalopathy without clearly identified cause
      1. e.g. “68 yo male with dementia who presents with AMS possibly due to decompensated cirrhosis” would cause the “Encepahlopathy-Present-Maybe” radio button to be checked
   5. Ascites: ascites as determined by history, physical exam, or a reference to a radiologic study
   6. Palmar erythema: historical or physical exam
   7. Spider nevi: historical or physical exam
   8. Jaundice: historical or physical exam or reference to an elevated bilirubin
   9. Hepatomegaly: historical or physical exam or reference to a radiologic study
   10. Caput medusa: historical or physical exam
   11. Splenomegaly: historical or physical exam or reference to a radiologic study
   12. Firm liver: historical or physical exam or reference to a radiologic study which mentions terms such as “nodular” or “cirrhotic”
       1. Note: if physical exam mentions both hepatomegaly and firm liver, mark both for classification
   13. Viral hepatitis:
       1. Any mention of Hep B, Hep C, or Hep D
       2. Exclude Hep A if definitely identified as Hep A
       3. Exclude other causes of viral hepatitis (e.g., CMV, EBV)
       4. If viral agent is not specified mark as “Maybe”
       5. Add attribute “Hep C” by clicking check box if historical or lab values suggestive of hep c (+ viral RNA or seropositive)
   14. Mention Cirrhosis: If any of the terms “cirrhosis”, “advanced liver disease”, “end stage liver disease” are used.
       1. Exclude “chronic liver disease”
   15. Marginal housing:
       1. Shelter
       2. Half way house but no home to go back to
       3. Rehab but no home to go back to
       4. Frequently moving from home to home (e.g., sleeping on friend’s couches)
       5. Exclude permanently living with relative, e.g., living with parents
   16. Homeless: includes living out of vehicle