

Initial History

Calculated Fields

• This page suppressed for culture en-US

2 | Hidden Protocol Question

BASIC
 MITOHEP
 LOGIC
 PROBE
 FORCE

6 | Hidden Post-transplant cohort

No
 Yes

A. Procedures

A1 | Was a drainage procedure performed on this participant?

No
 Yes
 Unknown

A2 | Kasai? | Kasai date

No
 Yes
 Unknown

MM DD YYYY

A3 | Kasai revision? | Kasai revision date

No
 Yes
 Unknown

MM DD YYYY

A4

Partial external biliary diversion?

- No
- Yes
- Unknown

Date:

| | | |
|----|----|------|
| | | |
| MM | DD | YYYY |

Today

A5

Ileal exclusion?

- No
- Yes
- Unknown

Date:

| | | |
|----|----|------|
| | | |
| MM | DD | YYYY |

Today

A6

Cholecystectomy?

- No
- Yes
- Unknown

Date:

| | | |
|----|----|------|
| | | |
| MM | DD | YYYY |

Today

A7

Gallstones present?

- No
- Yes
- Unknown

A8

Was another drainage procedure performed? If Yes, please specify:

- No
- Yes (specify):

- Unknown

Date:

| | | |
|----|----|------|
| | | |
| MM | DD | YYYY |

Today

A9

Liver transplantation

- No
- Yes
- Unknown

Transplant date:

| | | |
|----|----|------|
| | | |
| MM | DD | YYYY |

Today

B. Clinical History

- IF field PostTxp in question PostTxp in questionnaire Initial History HARMONIZATION = 'Yes'
THEN this page will be disabled

B1

When did you first notice that your child had symptoms of liver disease (eg, jaundice, pruritis, splenomegaly, bruising, etc.)? (month/year)

| | | | |
|----------------------|----------------------|----------------------|-------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Today |
| MM | DD | YYYY | |

B2

Has the diagnosis of mitochondrial liver disease been made?

- No
 Yes
 Don't Know

If yes, when?

| | | | |
|----------------------|----------------------|----------------------|-------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Today |
| MM | DD | YYYY | |

Has the participant ever been diagnosed with...?

B3

Clinically evident ascites requiring treatment with diuretics after 6 months of age

Date first diagnosed

- No
 Yes
 Unknown

| | | |
|----------------------|----------------------|-------|
| <input type="text"/> | <input type="text"/> | Today |
| MM | DD | |
| <input type="text"/> | | |
| YYYY | | |

B4

Hepatopulmonary Syndrome (HPS)

- No
 Yes
 Unknown

B5

Hepatorenal syndrome

- No
 Yes
 Unknown

B6

Gallstones

- No
 Yes
 Unknown

- No
- Yes
- Unknown

B8 Pancreatitis

- No
- Yes
- Unknown

B9 Has the participant ever been screened for varices with an upper endoscopy?

- No
- Yes
- Unknown

B10 Esophageal varices detected

- No
- Yes
- Unknown

B11 Gastric varices detected

- No
- Yes
- Unknown

C. Genetic Relatives

C1 Is this participant genetically related to a previously enrolled participant in ChiLDReN?

- No
- Yes

C2 List all genetic relatives previously enrolled in ChiLDReN

What is the previously enrolled participant's Study ID?

How is the previously enrolled participant genetically related to this participant?

Z. Questionnaire Completion

Z1

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the Details page through the CENSUS.

This questionnaire or task has been completed with all available data:

Yes
