Baseline Evaluation (Pediatric)

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

Date of Evaluation: **DOEDATE**

SECTION I: DEMOGRAPHICS

1. Patient's country of birth: _ **CBORN** _ ___ **CBORNS** ___ *(enter code or country)* ☐ Unknown
   Code   Country

   If not born in the United States or Canada, month and year came to U.S. or Canada: ___/___   ☐ Unknown
   CAMEUSM / **CAMEUSY**

2. Is the patient adopted? ☐ Yes ☐ No **ADOPT**

   If yes,

   a. Month and year of adoption *(mm/yyyy)*: **ADOPTM** / **ADOPTY** ☐ Unknown

   b. Where was the patient living at the time of adoption? **ADOPTLV**

   1 ☐ Orphanage   2 ☐ Foster home   3 ☐ Camp   4 ☐ Other, specify _ **ADOPTLVS** _ ☐ Unknown

   c. Was child tested or diagnosed with hepatitis B in the country of origin? **ADTDX**

   0 ☐ No   1 ☐ Tested only   2 ☐ Diagnosed only   3 ☐ Tested and diagnosed ☐ Unknown

   d. Were the adoptive parents informed of the child's hepatitis B status prior to adoption?

   ☐ Yes ☐ No ☐ Unknown **ADOPTBST**

3. Patient's biological parents' countries of birth:

   a. Birth Mother _ **CBORNM** _   ___ **CBORNMS** ___ *(enter code or country)* ☐ Unknown

   b. Birth Father _ **CBORNF** _   ___ **CBORNFS** ___ *(enter code or country)* ☐ Unknown
        Code   Country

4. Highest level of school of child *(check only one)*: **EDCHILD**

1 ☐ None	6 ☐ Some high school
2 ☐ Day care	7 ☐ High school diploma or equivalent (GED)
3 ☐ Preschool	8 ☐ Some college, no degree
4 ☐ Some grade school	9 ☐ Vocational or Technical School
5 ☐ Grade school	10 ☐ Other degree: ___ **EDCHILDS** ___
	☐ Prefer not to answer

5. Method of insurance *(check all that apply)*:

☐ Medicaid	**INSMEDCD**	☐ Private **INSPRIV**
☐ Medicare	**INSMEDCR**	☐ Other **INSOTH**, specify ___ **INSOTHS** ___
☐ Tricare	**INSTRIC**	☐ None / self pay **INSNONE**
☐ CHIP	**INSCHIP**	☐ Prefer not to answer **INSPNTA**
☐ Government **INSGOV**		
(not Medicaid/Medicare/Tricare/CHIP)		

Hepatitis B Research Network

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

Date of Evaluation: **DOEDATE**

SECTION I: DEMOGRAPHICS (continued)

6. Family education and employment status, complete for each parent/caregiver:

Parent/caregiver #	Highest Level of School Completed 1 = None or some grade school 2 = Grade school 3 = Some high school 4 = High school diploma or equivalent (GED) 5 = Some college, no degree 6 = Vocational or Technical School 7 = Associate (2 year) degree 8 = Bachelor's degree 9 = Master's degree 10 = Doctoral degree 11 = Other degree	Current Employment Status 1 = Employed at a job for pay, full-time 2 = Employed at a job for pay, part-time 3 = Homemaker, not currently working for pay 4 = Not currently employed, retired 5 = Not currently employed, not retired 6 = Other
1 **PARC1** 1 ☐ Biological father 2 ☐ Biological mother 3 ☐ Adoptive father 4 ☐ Adoptive mother 5 ☐ Other male, **PARCOM1** 6 ☐ Other female, **PARCOF1**	**PCEDUC1** ☐ Prefer not to answer If other degree, specify: _____**PCEDUCO1**_____	**PCWORK1** ☐ Prefer not to answer If other, specify: _____**PCWORKO1**_____
2 ☐ N/A **PARC2NA** **PARC2** 1 ☐ Biological father 2 ☐ Biological mother 3 ☐ Adoptive father 4 ☐ Adoptive mother 5 ☐ Other male, **PARCOM2** 6 ☐ Other female, **PARCOF2**	**PCEDUC2** ☐ Prefer not to answer If other degree, specify: _____ **PCEDUCO2**_____	**PCWORK2** ☐ Prefer not to answer If other, specify: _____ **PCWORKO2**_____
3 ☐ N/A **PARC3NA** **PARC3** 1 ☐ Biological father 2 ☐ Biological mother 3 ☐ Adoptive father 4 ☐ Adoptive mother 5 ☐ Other male, **PARCOM3** 6 ☐ Other female, **PARCOF3**	**PCEDUC3** ☐ Prefer not to answer If other degree, specify: _____**PCEDUCO3**_____	**PCWORK3** ☐ Prefer not to answer If other, specify: _____ **PCWORKO3**_____

SECTION II: FAMILY HISTORY

1. Presence of chronic hepatitis B (HBsAg positivity) in **biological** family members: ☐ Yes ☐ No ☐ Unknown
   If Yes, *(check all that apply)* **HXHBV**
   ☐ mother ☐ father ☐ siblings ☐ children ☐ aunts/uncles ☐ grandparents
   HXHBVM **HXHBVF** **HXHBVS** **HXHBVC** **HXHBVA** **HXHBVG**

2. Presence of chronic hepatitis B (HBsAg positivity) in **adoptive** family members: ☐ Yes ☐ No ☐ Unk ☐ N/A
   If Yes, *(check all that apply)* **HXADHB**
   ☐ mother ☐ father ☐ siblings ☐ children ☐ aunts/uncles ☐ grandparents
   HXADHBM **HXADHBF** **HXADHBS** **HXADHBC** **HXADHBA** **HXADHBG**

3. Liver cancer in **biological** family members: ☐ Yes ☐ No ☐ Unknown **HXHCC**

If Yes, *(check all that apply)*

☐ mother　　☐ father　　☐ siblings　　☐ children　　☐ aunts/uncles　　☐ grandparents
HXHCCM　　**HXHCCF**　　**HXHCCS**　　**HXHCCC**　　**HXHCCA**　　**HXHCCG**

SECTION II: FAMILY HISTORY (continued)

4. Hepatitis B vaccination status in **biological** family members:　☐ Yes　☐ No　☐ Unknown

   If Yes, *(check all that apply)*　　**HXVAC**

   ☐ mother　　☐ father　　☐ siblings　　☐ children　　☐ aunts/uncles　　☐ grandparents
   HXVACM　　**HXVACF**　　**HXVACS**　　**HXVACC**　　**HXVACA**　　**HXVACG**

5. Hepatitis B vaccination status in **adoptive** family members:　☐ Yes　☐ No　☐ Unknown　☐ N/A

   If Yes, *(check all that apply)*　　**HXADV**

   ☐ mother　　☐ father　　☐ siblings　　☐ children　　☐ aunts/uncles　　☐ grandparents
   HXADVM　　**HXADVF**　　**HXADVS**　　**HXADVC**　　**HXADVA**　　**HXADVG**

6. Diabetes in **biological** family members:　☐ Yes　☐ No　☐ Unknown

   If Yes, *(check all that apply)*　**HXDIAB**

   ☐ mother　　☐ father　　☐ siblings　　☐ children　　☐ aunts/uncles　　☐ grandparents
   HXDIABM　　**HXDIABF**　　**HXDIABS**　　**HXDIABC**　　**HXDIABA**　　**HXDIABG**

SECTION III: MEDICAL HISTORY

1. Do you have or are you being treated for:

	Yes	No	Unknown
a. Diabetes	☐	☐	☐ **MXDIAB**
b. Anemia	☐	☐	☐ **MXANEM**
c. Neutropenia	☐	☐	☐ **MXNEUT**
d. Thrombocytopenia	☐	☐	☐ **MXTHROM**
e. Coagulation abnormality	☐	☐	☐ **MXCOAG**
f. Other cytopenia	☐	☐	☐ **MXCYTP**

   specify_____ **MXCYTPS**

	Yes	No	Unknown
g. Infections			
i. HCV	☐	☐	☐ **MXHCV**
ii. HDV	☐	☐	☐ **MXHDV**
h. Other liver disease			
i. Non-alcoholic fatty liver disease	☐	☐	☐ **MXNASH**
ii. Autoimmune	☐	☐	☐ **MXAUTO**
iii. Genetic/metabolic	☐	☐	☐ **MXMETAB**
i. Glomerulonephritis	☐	☐	☐ **MXGN**
j. Malignancy (other than HCC)	☐	☐	☐ **MXMAL**

   specify_____ **MXMALS**

SECTION IV: MEDICATION HISTORY

1. Is the patient currently taking medication for any of the following reasons?　☐ Yes　☐ No　**MEDHX**

   If Yes, *(check all that apply)*

☐ Immunosuppressants **MEDIMM**　　☐ Bronchodilators **MEDBRON**　　☐ Antihistamines **MEDHIST**

☐ Anticonvulsants **MEDSEIZ**　　☐ Anti-diabetic agents **MEDDIAB**　☐ Estrogen/birth control pills **MEDEST**

☐ Analgesic/pain medications **MEDPAIN**　☐ Antifungals **MEDFUNG**　　☐ Acne **MEDACNE**

☐ ADHD **MEDADHD**　　☐ Antidepressant/Anxiolytic/Antipsychotic **MEDPSY**

☐ Other antivirals (e.g. famciclovir)　**MEDOTH**

2. Is the patient currently taking any herbs, "natural" or herbal medications?　☐ Yes　☐ No　**MEDHERB**

3. Is the patient currently taking vitamins or minerals?　☐ Yes　☐ No　**MEDVIT**

   If Yes, *(check all that apply)*

☐ Multi-vitamin   ☐ Vitamin D   ☐ Vitamin E   ☐ Folate   ☐ Iron   ☐ Calcium   ☐ Other
VITMULT   **VITD**   **VITE**   **VITFOL**   **VITFE**   **VITCA**   **VITOTH**

SECTION V: SYMPTOMS

During the last month, how much has the patient been bothered by the following:

		None at all	A little bit	Moderately	Quite a bit	Extremely
Fatigue	**SAFAT**	☐	☐	☐	☐	☐
Pain over liver	**SAPLIV**	☐	☐	☐	☐	☐
Nausea	**SANAU**	☐	☐	☐	☐	☐
Poor appetite	**SAAPP**	☐	☐	☐	☐	☐
Weight loss	**SAWGT**	☐	☐	☐	☐	☐
Itching	**SAITCH**	☐	☐	☐	☐	☐
Irritability	**SAIRR**	☐	☐	☐	☐	☐
Depression/sadness	**SADEPR**	☐	☐	☐	☐	☐
Jaundice	**SAJAU**	☐	☐	☐	☐	☐
Dark urine	**SAURN**	☐	☐	☐	☐	☐

SECTION VI: PHYSICAL EXAM

                                                                          Not done

1. Height   **HGT**   ₁ ☐ inches   ₂ ☐ cm   **HINCM**   ☐
2. Weight   **WGT**   ₁ ☐ lbs.   ₂ ☐ kg   **WLBKG**   ☐
3. Waist   **WAIST**   ₁ ☐ inches   ₂ ☐ cm   **WINCM**   ☐
4. Blood pressure **BPS** / **BPD** mmHg   ☐

5. Does the patient currently have any of the following conditions:

   a. Jaundice   ☐ Yes ☐ No ☐ Not done   e. Peripheral edema ☐ Yes ☐ No ☐ Not done
      PEJAU   **PEEDMA**
   b. Tender liver   ☐ Yes ☐ No ☐ Not done   f. Muscle wasting   ☐ Yes ☐ No ☐ Not done
      PETL   **PEMW**
   c. Enlarged liver ☐ Yes ☐ No ☐ Not done   g. Spider angiomata ☐ Yes ☐ No ☐ Not done
      PEEN   **PESA**
   d. Enlarged spleen ☐ Yes ☐ No ☐ Not done   h. Palmar erythema ☐ Yes ☐ No ☐ Not done
      PESP   **PEPALM**

6. Date of menarche *(mm/yy)*: **MENM** / **MENY**   ☐ N/A

7. Has the patient ever been pregnant? ☐ Yes ☐ No   ☐ N/A **PREGE**

8. Is the patient pregnant now?   ☐ Yes ☐ No   ☐ N/A **PREGN**

   If Yes, Date of last menstrual period *(mm/dd/yy)*: **LMENM** / **LMEND** / **LMENY**

SECTION VII: DIAGNOSTIC TESTS

1. Imaging (within 2 years) performed? ☐ Yes ☐ No ☐ Unknown **IMG**

   If Yes,

   a. Date of most recent test *(mm/yy)*: **IMGM** / **IMGY**

   b. Tests performed *(check all that apply)*:

   ☐ CT ☐ MRI ☐ Liver ultrasound ☐ PET ☐ PET/CT ☐ Other _ **IMOS** _____
   IMCT **IMMRI** **IMULT** **IMPET** **IMPETCT** **IMO**

   c. Report(s) available? ☐ Yes ☐ No **IMREP**

   If Yes, results:

i. Nodular liver	☐ Yes ☐ No ☐ Unknown	**IMNOD**
ii. Abnormal liver texture	☐ Yes ☐ No ☐ Unknown	**IMABT**
iii. Enlarged spleen	☐ Yes ☐ No ☐ Unknown	**IMSPN**
iv. Ascites	☐ Yes ☐ No ☐ Unknown	**IMASC**
v. Venous collaterals	☐ Yes ☐ No ☐ Unknown	**IMVEN**
vi. Changes indicative of steatosis	☐ Yes ☐ No ☐ Unknown	**IMSTEAT**
vii. Other _____ **IMOTHS** _____	☐ Yes ☐ No ☐ Unknown	**IMOTH**

2. Liver biopsy? ☐ Yes ☐ No ☐ Unknown **LBX** **(If Yes, complete the Liver Biopsy form)**

   If Yes,

   a. Date of most recent biopsy *(mm/yy)*: **LBXM** / **LBXY**

   b. Slides requested? ☐ Yes ☐ No **LBXSL**

SECTION VIII: TREATMENT

1. Has patient ever received treatment for HBV? ☐ Yes ☐ No **TXHBV**

   If Yes, record all treatment ever received:

Therapy (see codes)	Date Started* *(mm/dd/yyyy)*	Date Stopped* *(mm/dd/yyyy)*	**or** Currently on Therapy
TXB1	**TXB1BM/D/Y**	**TXB1EM/D/Y**	**TXB1CUR**
TXB2	**TXB2BM/D/Y**	**TXB2EM/D/Y**	**TXB2CUR**
TXB3	**TXB3BM/D/Y**	**TXB3EM/D/Y**	**TXB3CUR**
TXB4	**TXB4BM/D/Y**	**TXB4EM/D/Y**	**TXB4CUR**
TXB5	**TXB5BM/D/Y**	**TXB5EM/D/Y**	**TXB5CUR**
TXB6	**TXB6BM/D/Y**	**TXB6EM/D/Y**	**TXB6CUR**

1 = IFN   15 = Acupuncture
2 = Entecavir   16 = Scarification
3 = Telbivudine   17 = Coining
4 = Lamivudine   -3 = Unknown
5 = Adefovir
6 = Peg-IFN
7 = Tenofovir
8 = Emtricitabine
9 = Truvada
10 = HBV masked trial

* record UNK for any piece of the date that is not known

SECTION IX: RISK ASSESSMENT

1. When was the patient diagnosed with HBV *(mm/yyyy)*? **DXHBVM** / **DXHBVY** ☐ Unknown

2. Has the patient ever had a blood transfusion? ☐ Yes ☐ No ☐ Unknown **BLDTX**

   If Yes, date of first transfusion *(mm/yyyy)*: **BLDTXM** / **BLDTXY** ☐ Unknown

3. Has the patient ever had renal dialysis? ☐ Yes ☐ No ☐ Unknown **RENDY**

4. Has the patient ever had an organ transplant other than liver? ☐ Yes ☐ No ☐ Unknown **ORGTR**

5. Did the patient ever work in a hospital or other health care setting? ☐ Yes ☐ No ☐ Unknown **HOSP**

   If Yes, did a needle stick occur? ☐ Yes ☐ No ☐ Unknown **HOSPNS**

   If needle stick occurred, was the source patient hepatitis B positive? ☐ Yes ☐ No ☐ Unknown **HOSPNSRC**

6. Has the patient ever used injection drugs except as prescribed by a physician? ☐ Yes ☐ No ☐ Unk **DRUGINJ**

7. Has the patient ever used intra-nasal illicit drugs? ☐ Yes ☐ No ☐ Unknown **DRUGINI**

8. Has the patient ever lived with someone who had hepatitis B when they were living together or shared household items (i.e. razors, toothbrushes, nail clippers) with someone who had hepatitis B? **BCOHAB**

   ☐ Yes ☐ No ☐ Unknown

9. Has the patient ever had a body piercing other than the ears? ☐ Yes ☐ No ☐ Unknown **PIERC**

   If Yes, was the piercing done by a professional? ☐ Yes ☐ No ☐ Unknown **PIERCPRO**

10. Has the patient ever had a tattoo? ☐ Yes ☐ No ☐ Unknown **TAT**

    If Yes, was the tattoo done by a professional? ☐ Yes ☐ No ☐ Unknown **TATPRO**

11. Did the patient live in an endemic setting? ☐ Yes ☐ No ☐ Unknown **ENDEM**

12. Does the patient have more than 1 sibling positive? ☐ Yes ☐ No ☐ Unknown **SIBPOS**

13. Was the patient's birth mother ever diagnosed with hepatitis B? ☐ Yes ☐ No ☐ Unknown **VERTRM**

SECTION X: SEROLOGIES AND AUTOANTIBODIES

Instructions: *Record the most recent result for each. If a test was not performed or a result is not available, check "Not done".*

		Positive	Negative	Equivocal	Titer	Date of sample *(mm/yyyy)*	Not done
1. HBsAg	**HBSAG**	☐	☐	☐		**HBSAGM/HBSAGY**	☐
2. HBeAg	**HBEAG**	☐	☐	☐		**HBEAGM/HBEAGY**	☐
3. Anti-HBs	**HBS**	☐	☐	☐		**HBSM/HBSY**	☐
4. Anti-HBe	**HBE**	☐	☐	☐		**HBEM/HBEY**	☐
5. Anti-HDV	**HDV**	☐	☐	☐		**HDVM/HDVY**	☐
6. Anti-HCV	**HCV**	☐	☐	☐		**HCVM/HCVY**	☐
7. Anti-HIV	**HIV**	☐	☐	☐		**HIVM/HIVY**	☐
8. Anti-HBc	**HBC**	☐	☐	☐		**HBCM/HBCY**	☐ → At eval if acute hep B is suspected
9. Anti-HAV	**HAVAB**	☐	☐	☐		**HAVABM/HAVABY**	☐
10. ANA	**ANA**	☐	☐	☐	1: _ **ANAT** _	**ANAM/ANAY**	☐
11. ASMA	**ASMA**	☐	☐	☐	1: _ **ASMAT**	**ASMAM/ASMAY**	☐
12. ALKM	**ALKM**	☐	☐	☐	1: _ **ALKMT**	**ALKMM/ALKMY**	☐

SECTION XI: VIROLOGY TESTS

1. HBV genotype: **BGEN**   ☐ Unknown
2. Most recent HBV DNA level: **BDNA**   ☐ Unknown   Date *(mm/yy)*: **BDNAM** / **BDNAY**
   Method/Unit: **BUNIT**   1 ☐ IU/mL   2 ☐ copies/mL   Lower limit of detection: **BDNALL**

SECTION XII: LABS

Instructions: *Record the most recent result for each. If a lab was not completed as part of the baseline evaluation or within 3 months prior to the initial baseline visit, check "Not done".*

Date of sample *(mm/dd/yy)*: **LSAMPM**/**LSAMPD**/**LSAMPY**

			Date of sample *(If different from above)* mm/dd/yy	Not Done	
1. White blood cells	**WBC**	x10^3/mm^3	**WBCM/D/Y**	☐	
2. Platelets	**PLAT**	x10^3/mm^3	**PLATM/D/Y**	☐	
3. Hemoglobin	**HGB**	g/dL	**HGBM/D/Y**	☐	
4. Hematocrit	**HTC**	%	**HTCM/D/Y**	☐	
5. GGT	**GGT**	IU/L	**GGTM/D/Y**	☐	
6. ALT	**ALT**	IU/L	**ALTM/D/Y**	☐	ALT normal range: **ALTL - ALTU**
7. AST	**AST**	IU/L	**ASTM/D/Y**	☐	AST normal range: **ASTL - ASTU**
8. Alkaline phosphatase	**ALKP**	IU/L	**ALKPM/D/Y**	☐	Alk P normal range: **ALKPL - ALKPU**
9. Total bilirubin	**TBILI**	mg/dL	**TBILIM/D/Y**	☐	
10. Direct bilirubin	**DBILI**	mg/dL	**DBILIM/D/Y**	☐	
11. Indirect bilirubin	**IBILI**	mg/dL	**IBILIM/D/Y**	☐	
12. Albumin	**ALB**	g/dL	**ALBM/D/Y**	☐	
13. Total protein	**TP**	g/dL	**TPM/D/Y**	☐	
14. Creatinine	**CREAT**	mg/dL	**CREATM/D/Y**	☐	
15. Alpha-fetoprotein	**AFP**	ng/mL	**AFPM/D/Y**	☐	
16. INR	**INR**		**INRM/D/Y**	☐	

SECTION XIII: BIOSPECIMENS

1. Indicate the status of consent for each:
   a. Serum/plasma for research/storage   1 ☐ Obtained   2 ☐ Refused   3 ☐ Not attempted at this visit **CSERP**
   b. Liver tissue for research/storage   1 ☐ Obtained   2 ☐ Refused   3 ☐ Not attempted at this visit **CLIV**
   c. Genetic sample   1 ☐ Obtained   2 ☐ Refused   3 ☐ Not attempted at this visit **CGEN**
   d. Immunology study   1 ☐ Obtained   2 ☐ Refused   3 ☐ Not attempted at this visit **CIMM**

2. Samples obtained at this visit (*check all that apply*):
   ☐ NIDDK repository (serum/plasma)   ☐ Genetics   ☐ Immunology study   ☐ Central testing lab   ☐ None
      NIDDKR   **GEN**   **IMM**   **CLAB**   **NONE**

SECTION XIV: TANNER STAGE

Instructions: Transcribe responses from the Tanner Stage questionnaire to the items below. If the patient is not of age to complete the Tanner Stage questionnaire, check "Not Done".

1. Physical growth: 1 ☐ I   2 ☐ II   3 ☐ III   4 ☐ IV   5 ☐ V   ☐ Unknown ☐ Prefer not to answer ☐ Not done
   TANPHY
2. Pubic hair growth: 1 ☐ I   2 ☐ II   3 ☐ III   4 ☐ IV   5 ☐ V   ☐ Unknown ☐ Prefer not to answer ☐ Not done
   TANPUB

SECTION XV: ADMINISTRATIVE

1. Was the baseline evaluation completed in one visit?   ☐ Yes   ☐ No   **BASE**

   If No, date all components of baseline evaluation were complete (last visit date) *(mm/dd/yy)*: **BASEM**/**D**/**Y**

2. Does the patient speak English?   ☐ Yes   ☐ No **LANG**

   If No, indicate language used to obtain information for HBRN network: **LANGO**

   1 ☐ Spanish   2 ☐ Chinese 3 ☐ Korean   4 ☐ Vietnamese 5 ☐ Other, specify _____**LANGOS**_____

Data collector initials: **DCID**

Date data collection completed *(mm/dd/yy)*: **DCM**/**DCD**/**DCY**