Baseline Evaluation (Pediatric)

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

Date of Evaluation: **DOEDATE**

Screening Log Reference: Page **PNUM** Line **LNUM**

SECTION I: DEMOGRAPHICS

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

   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** _ (Code) ___ **CBORNMS** ___ (Country) *(enter code or country)* ☐ Unknown

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

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

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

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

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

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 **HXHBVM** ☐ father **HXHBVF** ☐ siblings **HXHBVS** ☐ children **HXHBVC** ☐ aunts/uncles **HXHBVA** ☐ grandparents **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 **HXADHBM** ☐ father **HXADHBF** ☐ siblings **HXADHBS** ☐ children **HXADHBC** ☐ aunts/uncles **HXADHBA** ☐ grandparents **HXADHBG**
3. Liver cancer in **biological** family members: ☐ Yes ☐ No ☐ Unknown **HXHCC**

If Yes, *(check all that apply)*

☐ mother HXHCCM ☐ father HXHCCF ☐ siblings HXHCCS ☐ children HXHCCC ☐ aunts/uncles HXHCCA ☐ grandparents 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 HXVACM ☐ father HXVACF ☐ siblings HXVACS ☐ children HXVACC ☐ aunts/uncles HXVACA ☐ grandparents HXVACG
5. Hepatitis B vaccination status in **adoptive** family members: ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If Yes, *(check all that apply)* HXADV
   ☐ mother HXADVM ☐ father HXADVF ☐ siblings HXADVS ☐ children HXADVC ☐ aunts/uncles HXADVA ☐ grandparents HXADVG
6. Diabetes in **biological** family members: ☐ Yes ☐ No ☐ Unknown
   If Yes, *(check all that apply)* HXDIAB
   ☐ mother HXDIABM ☐ father HXDIABF ☐ siblings HXDIABS ☐ children HXDIABC ☐ aunts/uncles HXDIABA ☐ grandparents 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			
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 VITMULT ☐ Vitamin D VITD ☐ Vitamin E VITE ☐ Folate VITFOL ☐ Iron VITFE ☐ Calcium VITCA ☐ Other 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 PEJAU ☐ Yes ☐ No ☐ Not done

b. Tender liver PETL ☐ Yes ☐ No ☐ Not done

c. Enlarged liver PEEN ☐ Yes ☐ No ☐ Not done

d. Enlarged spleen PESP ☐ Yes ☐ No ☐ Not done

e. Peripheral edema PEEDMA ☐ Yes ☐ No ☐ Not done

f. Muscle wasting PEMW ☐ Yes ☐ No ☐ Not done

g. Spider angiomata PESA ☐ Yes ☐ No ☐ Not done

h. Palmar erythema PEPALM ☐ Yes ☐ No ☐ Not done

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 IMCT ☐ MRI IMMRI ☐ Liver ultrasound IMULT ☐ PET IMPET ☐ PET/CT IMPETCT ☐ Other _ IMOS _____ 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
2 = Entecavir
3 = Telbivudine
4 = Lamivudine
5 = Adefovir
6 = Peg-IFN
7 = Tenofovir
8 = Emtricitabine
9 = Truvada
10 = HBV masked trial
15 = Acupuncture
16 = Scarification
17 = Coining
-3 = Unknown

* 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**