Symptom Assessment (Pediatric)

< 10 years parent

10+ years patient

Patient ID __ __ - __ _ID_ __ __ - __ __ __

Date of Evaluation: DOEDATE

Protocol timepoint *(see codes)*: TMPT

Instructions: This questionnaire captures symptoms that can occur in persons with liver disease. For each of these you are asked whether you (or your child) have the symptom and how much you (or your child) are bothered by it. For each symptom, mark one box, depending on whether you (or your child) are not bothered by it at all ("none at all") or either "a little bit", "moderately", "quite a bit", or "extremely" bothered by it. If you (or your child) do not have the symptom, you should mark "none at all".

Form completed by *(check all that apply)*:

☐ Patient	☐ Coordinator	☐ Interpreter
COMP	COMC	COMI
☐ Parent	☐ Family member/friend	☐ Other
COMT	COMF	COMO

During the last month, how much have you been bothered by the following:

		None at all	A little bit	Moderately	Quite a bit	Extremely	Unknown
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	☐	☐	☐	☐	☐	☐

Thank you for completing this questionnaire!