Initial History HARMONIZATION (2020)

Calculated Fields		
2	Hidden Protocol Question O BASIC O MITOHEP O LOGIC O PROBE O FORCE	
3	Hidden visit question OBaseline OFollow-up OTransplant	
4	Hidden Disease Question O BA O PFIC O ALGS O A1AT O BAD O MITO O Other non-BA	
5	Hidden Age Question	
		A. Procedures
A1	Was a drainage procedure perform O No O Yes	ed on this participant?
A2	Kasai?	Kasai date

7/16/2020

Questionnaire: Initial History HARMONIZATION

	O No O Yes	07 16 2020 MM DD YYYY Today
A3	Kasai revision? O No O Yes	Kasai revision date 07 16 2020 MM DD YYYY Today
A4	Partial external biliary diversion?	Date: 07 16 2020 MM DD YYYY Today
A5	Ileal exclusion? O No O Yes	Date: 07 16 2020 MM DD YYYY Today
A6	Cholecystectomy? No Yes	Date: 07 16 2020 MM DD YYYY Today
A7	Gallstones present? No Yes	
A8	Was another drainage procedure performed? If Yes, please specify: O No O Yes (specify):	Date: 07 16 2020 MM DD YYYY Today

Questionnaire: Initial History HARMONIZATION

0/2020	
A9	Liver transplantation Transplant date:
	No 07 16 2020 MM DD YYYY Today
	B. Clinical History
B1	When did you first notice that your child had symptoms of liver disease (eg, jaundice, pruritis, splenomegaly, bruising, etc.)? (month/year) $ \begin{array}{c} 07 \\ MM \end{array} \begin{array}{c} 16 \\ DD \end{array} \begin{array}{c} 2020 \\ YYYY \end{array} \begin{array}{c} Today \end{array} $
B2	Has the diagnosis of mitochondrial liver disease If yes, when? been made?

been made?	07 16 2020
 Yes Don't Know 	MM DD YYYY Today

Has the participant ever been diagnosed with ...?

B3	Clinically evident ascites requiring treatment with diuretics after 6 months of age No Yes	Date first diagnosed 07 16 MM DD 2020 Today
B4	Hepatopulmonary Syndrome (HPS) No Yes Unknown	
B5	Hepatorenal syndrome O No O Yes O Unknown	

B6 B7	Gallstones O No O Yes O Unknown Peristent or Chronic Diarrhea, lasting for more than 6 months
	 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?

O No

	○ Yes
C2	List all genetic relatives previously enrolled in ChiLDReN You haven't defined a grid for this can-grow