



CHILDRENLink: LOGIC

Form 03 Initial History LOGIC G4

B: INITIAL HISTORY OF PRESENT ILLNESS 1

Please indicate which of the following symptoms are currently present.

B2	Jaundice	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B3	Pruritus	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B4	Diarrhea	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B5	Failure to thrive	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B6	Bleeding or bruising	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B7	Ascites	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B8	GI bleeding	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B9	Bone Fracture	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B10	Rickets	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B11	Vitamin E deficiency	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B12	Abnormal liver blood tests other than bilirubin	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know

B: INITIAL HISTORY OF PRESENT ILLNESS 2

Please indicate which of the following complications have occurred in your child's lifetime (indicate date of first appearance):

B25a	Cholangitis	<input type="radio"/> No → go to B26a	<input type="radio"/> Yes
		<input type="radio"/> Don't Know → go to B26a	
B25b	Date of first appearance:	____ / ____ / ____	
B26a	Ascites	<input type="radio"/> No → go to B27a	<input type="radio"/> Yes
		<input type="radio"/> Don't Know → go to B27a	
B26b	Date of first appearance:	____ / ____ / ____	
B27a	Bacterial Peritonitis	<input type="radio"/> No → go to B28a	<input type="radio"/> Yes
		<input type="radio"/> Don't Know → go to B28a	
B27b	Date of first appearance:	____ / ____ / ____	

B: INITIAL HISTORY OF PRESENT ILLNESS 2

B28a	GI Bleed	<input type="radio"/> No → go to B29a <input type="radio"/> Don't Know → go to B29a	<input type="radio"/> Yes
B28b	Date of first appearance:	____ / ____ / ____	
B29a	Bone Fracture	<input type="radio"/> No → go to B30a <input type="radio"/> Don't Know → go to B30a	<input type="radio"/> Yes
B29b	Date of first appearance:	____ / ____ / ____	
B30a	Coagulopathy	<input type="radio"/> No → go to B31a <input type="radio"/> Don't Know → go to B31a	<input type="radio"/> Yes
B30b	Date of first appearance:	____ / ____ / ____	
B31a	Portopulmonary Hypertension	<input type="radio"/> No → go to B32a <input type="radio"/> Don't Know → go to B32a	<input type="radio"/> Yes
B31b	Date of first appearance:	____ / ____ / ____	
B32a	Hepatorenal Syndrome	<input type="radio"/> No → go to B33a <input type="radio"/> Don't Know → go to B33a	<input type="radio"/> Yes
B32b	Date of first appearance:	____ / ____ / ____	
B33a	Pruritus	<input type="radio"/> No → go to B34a <input type="radio"/> Don't Know → go to B34a	<input type="radio"/> Yes
B33b	Date of first appearance:	____ / ____ / ____	
B34a	Hearing Problems	<input type="radio"/> No → go to B35a <input type="radio"/> Don't Know → go to B35a	<input type="radio"/> Yes
B34b	Date of first appearance:	____ / ____ / ____	
B35a	Rickets	<input type="radio"/> No → go to B36a <input type="radio"/> Don't Know → go to B36a	<input type="radio"/> Yes
B35b	Date of first appearance:	____ / ____ / ____	
B36a	Gallstones	<input type="radio"/> No → go to B37a <input type="radio"/> Don't Know → go to B37a	<input type="radio"/> Yes
B36b	Date of first appearance:	____ / ____ / ____	
B37a	Diarrhea	<input type="radio"/> No → go to B38a <input type="radio"/> Don't Know → go to B38a	<input type="radio"/> Yes
B37b	Date of first appearance:	____ / ____ / ____	
B38a	Pancreatitis	<input type="radio"/> No → go to B39a <input type="radio"/> Don't Know → go to B39a	<input type="radio"/> Yes
B38b	Date of first appearance:	____ / ____ / ____	
B39a	Transplant Listing	<input type="radio"/> No → go to B40a <input type="radio"/> Don't Know → go to B40a	<input type="radio"/> Yes

B: INITIAL HISTORY OF PRESENT ILLNESS 2

B39b	Date of first appearance:	____ / ____ / ____
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B: INITIAL HISTORY OF PRESENT ILLNESS 3

B40	Has your child had any additional complications not indicated on this form? If yes, please complete the table below for each complication.	O No → go to D1	O Yes
B40a	40a. Specify additional complication:	40b. Date of first appearance:	
	_____	____ / ____ / ____	
	_____	____ / ____ / ____	
	_____	____ / ____ / ____	
	_____	____ / ____ / ____	
	_____	____ / ____ / ____	

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

D1	Does this participant have Alagille Syndrome?	O No → Done	O Yes
Which of the following features of Alagille Syndrome have occurred in the participant's lifetime?			
D2	Cardiac	O No → go to D9	O Yes
D3	Peripheral pulmonary stenosis	O No	O Yes O Don't Know
D4	Pulmonary valve stenosis	O No	O Yes O Don't Know
D5	Tetralogy valve stenosis	O No	O Yes O Don't Know
D6	Ventricular septal defect	O No	O Yes O Don't Know
D7	Atrial septal defect	O No	O Yes O Don't Know
D8	Other cardiac, specify:	_____	
D9	Facies?	O No → go to D13	O Yes
D10	Deep-set eyes	O No	O Yes O Don't Know
D11	Broad forehead	O No	O Yes O Don't Know

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

D12	Pointed chin	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D13	Eyes?	<input type="radio"/> No → go to D17		<input type="radio"/> Yes
D14	Posterior embrotoxon	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D15	Axenfeld's anomaly	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D16	Other eyes, specify:	_____		
D17	Skeletal?	<input type="radio"/> No → go to D20		<input type="radio"/> Yes
D18	Butterfly vertebrae	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D19	Other skeletal, specify:	_____		
D20	Renal?	<input type="radio"/> No → go to D25		<input type="radio"/> Yes
D21	Dysplastic kidney	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D22	Single kidney	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D23	Renal tubular acidosis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D24	Other structural anomaly, specify:	_____		
D25	Pancreas?	<input type="radio"/> No → go to D27		<input type="radio"/> Yes
D26	Pancreatic insufficiency	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D27	Vascular?	<input type="radio"/> No → Done		<input type="radio"/> Yes
D28	Cerebrovascular accident (e.g. hemorrhage, thrombosis, aneurysm). If yes, please specify:	<input type="radio"/> No	<input type="radio"/> Yes (specify): _____	
		<input type="radio"/> Don't Know		
D30	Stenosis or aneurysm of other blood vessels (e.g. renal artery stenosis, abdominal aneurysm, etc.). If yes, please specify:	<input type="radio"/> No	<input type="radio"/> Yes (specify): _____	
		<input type="radio"/> Don't Know		