



ChiLDReNLink: LOGIC

Form 03 Initial History LOGIC G5

B: INITIAL HISTORY OF PRESENT ILLNESS 1

B13	On what date (month and year) was the diagnosis of this ChiLDReN liver disease made?	____ / ____	<input type="radio"/> Don't Know
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B: INITIAL HISTORY OF PRESENT ILLNESS 3

Does the participant currently have evidence of any of the following:

B42	Hepatomegaly	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B43	Splenomegaly	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B44	Other evidence of portal hypertension	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B45	Abnormal hepatic function tests	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B46	Abnormal imaging of the liver (except for fatty liver)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B47	Abnormal liver biopsy histology	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B48	History of neonatal cholestasis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B49	Jaundice	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B50	Pruritus	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

D1	Does this participant have Alagille Syndrome?	<input type="radio"/> No → Done	<input type="radio"/> Yes
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Which of the following features of Alagille Syndrome have occurred in the participant's lifetime?

D2	Cardiac	<input type="radio"/> No → go to D9	<input type="radio"/> Yes	
D3	Peripheral pulmonary stenosis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D4	Pulmonary valve stenosis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D5	Tetralogy valve stenosis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D6	Ventricular septal defect	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

D7	Atrial septal defect	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D8	Other cardiac, specify:	_____		
D9	Facies?	<input type="radio"/> No → go to D13		<input type="radio"/> Yes
D10	Deep-set eyes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
D11	Broad forehead	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
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		

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

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
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