| Site/Study ID#: ___ ___ / ___ ___ ___ ___ | Date of Interview: ___ ___ / ___ ___ / ___ ___ ___ ___ | Staff Initials: ___ ___ ___ |

ChiLDReNLink: PROBE

Form 12 Hospital Discharge PROBE

A: DISCHARGE DATA

A1	Was the participant hospitalized? (Complete this form only if the participant was hospitalized.)	O No ➔ **Done** O Yes
A2	Date of Discharge:	___ ___ / ___ ___ / ___ ___ ___ ___
A3	Date of Hospitalization:	___ ___ / ___ ___ / ___ ___ ___ ___
A4	Weight:	_____ O kgs O lbs O oz _____ O oz O Not Done
A5	Stool color:	O White or gray (acholic) O Pale (less color than normal) O Normal (yellow, brown, green)
A6	Discharge:	O Home O Transfer to another health care facility O Other (specify): _____
A7	Specify reason if subject was not discharged home:	_____

B: COMPLICATIONS

B1	Did the subject have a fever (38° C or more) during hospitalization?	O No ➔ **go to B6** O Yes
B2	Number of distinct episodes (separated by 48 hours):	_____
B3	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B4	Continuing?	O No O Yes ➔ **go to B6**
B5	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B6	Did the subject experience a systemic infection?	O No ➔ **go to B12** O Yes
B7	Number of distinct episodes (separated by 48 hours or of different etiologies):	_____
B8	Specify type of infection (check all that apply):	□ Blood □ Urinary □ Respiratory □ Other (specify): _____

Site/Study ID#: ___ ___ / ___ ___ ___ ___   Date of Interview: ___ ___ / ___ ___ / ___ ___ ___ ___   Staff Initials: ___ ___ ___

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	B: COMPLICATIONS	
B9	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B10	Continuing?	O No O Yes ➔ **go to B12**
B11	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B12	Did the subject experience an episode of cholangitis?	O No ➔ **go to B17** O Yes
B13	Number of distinct episodes (separated by complete resolution of symptoms):	_____
B14	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B15	Continuing?	O No O Yes ➔ **go to B17**
B16	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B17	Did the subject experience impaired wound healing or infection?	O No ➔ **go to B22** O Yes
B18	Number of distinct episodes (separated by complete resolution):	_____
B19	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B20	Continuing?	O No O Yes ➔ **go to B22**
B21	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B22	Did the subject experience an episode of ascites?	O No ➔ **go to B27** O Yes
B23	Number of distinct episodes (separated by complete resolution of symptoms):	_____
B24	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B25	Continuing?	O No O Yes ➔ **go to B27**
B26	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B27	Did the subject experience a gastrointestinal hemorrhage during hospitalization?	O No ➔ **go to B32** O Yes
B28	Number of distinct episodes:	_____
B29	Date of initial episode:	___ ___ / ___ ___ / ___ ___ ___ ___
B30	Continuing?	O No O Yes ➔ **go to B32**
B31	If No, date of last resolution:	___ ___ / ___ ___ / ___ ___ ___ ___

Site/Study ID#: ___ ___ / ___ ___ ___ ___   Date of Interview: ___ ___ / ___ ___ / ___ ___ ___ ___   Staff Initials: ___ ___ ___

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B: COMPLICATIONS

B32	Did the subject experience any other hemorrhage during hospitalization? If yes, specify type:	O No → **go to B38** O Yes (specify): _____
B34	Number of distinct episodes:	_____
B35	Date of initial episode:	__ __ / __ __ / __ __ __ __
B36	Continuing?	O No O Yes → **go to B38**
B37	If No, date of last episode:	__ __ / __ __ / __ __ __ __
B38	Did the subject have to undergo any other surgeries during hospitalization?	O No O Yes (specify): _____

C: LABORATORY EVALUATION

Please complete the following table for each date that labs are available between hospitalization and discharge.

Please note: Total bilirubin should not be less in value than the sum of indirect and direct bilirubin or the sum of unconjugated and conjugated bilirubin.

1. Date	2. Total bilirubin:	3. Indirect bilirubin:	4. Direct bilirubin:	5. Unconjugated bilirubin:	6. Conjugated bilirubin:	7. AST:	8. ALT:	9. Alkaline phosphatase:	10. GGTP:
__ __ / __ __ / __ __ __ __	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done
__ __ / __ __ / __ __ __ __	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done
__ __ / __ __ / __ __ __ __	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done
__ __ / __ __ / __ __ __ __	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done
__ __ / __ __ / __ __ __ __	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O mg/dl O < O µmol/l O > O Not Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done	_____ O = O U/L O < O Not O > Done