



CHILDRENLink: LOGIC

Form 03 Initial History LOGIC G1 G2 G3

B: INITIAL HISTORY OF PRESENT ILLNESS 1

B1	On what date (month and year) did the parents first notice symptoms of liver disease?	____ / ____ / ____	O Unknown
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Please indicate the symptoms that were present at time of first symptoms of liver disease.

B2	Jaundice	O No	O Yes	O Don't Know
B3	Pruritus	O No	O Yes	O Don't Know
B4	Diarrhea	O No	O Yes	O Don't Know
B5	Failure to thrive	O No	O Yes	O Don't Know
B6	Bleeding or bruising	O No	O Yes	O Don't Know
B7	Ascites	O No	O Yes	O Don't Know
B8	GI bleeding	O No	O Yes	O Don't Know
B9	Bone Fracture	O No	O Yes	O Don't Know
B10	Rickets	O No	O Yes	O Don't Know
B11	Vitamin E deficiency	O No	O Yes	O Don't Know
B12	Abnormal liver blood tests other than bilirubin	O No	O Yes	O Don't Know
B13	On what date (month and year) was the diagnosis of this CHILDREN liver disease made?	____ / ____ / ____	O Unknown	

Please indicate the symptoms that were present at time of diagnosis.

B14	Jaundice	O No	O Yes	O Don't Know
B15	Pruritus	O No	O Yes	O Don't Know
B16	Diarrhea	O No	O Yes	O Don't Know
B17	Failure to thrive	O No	O Yes	O Don't Know
B18	Bleeding or bruising	O No	O Yes	O Don't Know
B19	Ascites	O No	O Yes	O Don't Know

B: INITIAL HISTORY OF PRESENT ILLNESS 1

B20	GI bleeding	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B21	Bone Fracture	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B22	Rickets	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B23	Vitamin E deficiency	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Don't Know
B24	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:	____ / ____ / ____		
B28a	GI Bleed	<input type="radio"/> No → go to B29a	<input type="radio"/> Yes	<input type="radio"/> Don't Know → go to B29a
B28b	Date of first appearance:	____ / ____ / ____		
B29a	Bone Fracture	<input type="radio"/> No → go to B30a	<input type="radio"/> Yes	<input type="radio"/> Don't Know → go to B30a
B29b	Date of first appearance:	____ / ____ / ____		
B30a	Coagulopathy	<input type="radio"/> No → go to B31a	<input type="radio"/> Yes	<input type="radio"/> Don't Know → go to B31a
B30b	Date of first appearance:	____ / ____ / ____		
B31a	Portopulmonary Hypertension	<input type="radio"/> No → go to B32a	<input type="radio"/> Yes	<input type="radio"/> Don't Know → go to B32a
B31b	Date of first appearance:	____ / ____ / ____		
B32a	Hepatorenal Syndrome	<input type="radio"/> No → go to B33a	<input type="radio"/> Yes	<input type="radio"/> Don't Know → go to B33a
B32b	Date of first appearance:	____ / ____ / ____		

B: INITIAL HISTORY OF PRESENT ILLNESS 2

B33a	Pruritus	<input type="radio"/> No → go to B34a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B34a
B33b	Date of first appearance:	____ / ____ / ____
B34a	Hearing Problems	<input type="radio"/> No → go to B35a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B35a
B34b	Date of first appearance:	____ / ____ / ____
B35a	Rickets	<input type="radio"/> No → go to B36a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B36a
B35b	Date of first appearance:	____ / ____ / ____
B36a	Gallstones	<input type="radio"/> No → go to B37 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B37a
B36b	Date of first appearance:	____ / ____ / ____
B37a	Diarrhea	<input type="radio"/> No → go to B38a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B38a
B37b	Date of first appearance:	____ / ____ / ____
B38a	Pancreatitis	<input type="radio"/> No → go to B39a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B39a
B38b	Date of first appearance:	____ / ____ / ____
B39a	Transplant Listing	<input type="radio"/> No → go to B40 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to B40
B39b	Date of first appearance:	____ / ____ / ____

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.	<input type="radio"/> No → go to B41 <input type="radio"/> Yes
B40a	40a. Specify additional complication:	40b. Date of first appearance:
	_____	____ / ____ / ____
	_____	____ / ____ / ____
	_____	____ / ____ / ____
	_____	____ / ____ / ____
	_____	____ / ____ / ____

C: INITIAL HISTORY OF ABDOMINAL SURGERY

C1a	Were any abdominal surgeries performed?	<input type="radio"/> No → go to D1	<input type="radio"/> Yes
C1b	Was a drainage procedure performed on this subject during surgery?	<input type="radio"/> No → go to D1	<input type="radio"/> Yes
If Yes, please identify the drainage procedure performed on this subject (select all that apply)			
C2a	Roux-en-Y Kasai?	<input type="radio"/> No → go to C3a	<input type="radio"/> Yes
C2b	Date:	____ / ____ / ____	
C2c	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C3a	Gallbladder Kasai?	<input type="radio"/> No → go to C4a	<input type="radio"/> Yes
C3b	Date:	____ / ____ / ____	
C3c	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C4a	Choledochojejunostomy?	<input type="radio"/> No → go to C5a	<input type="radio"/> Yes
C4b	Date:	____ / ____ / ____	
C4c	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C5a	Partial biliary diversion?	<input type="radio"/> No → go to C6a	<input type="radio"/> Yes
C5b	Date:	____ / ____ / ____	
C5c	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C6a	Ileal exclusion?	<input type="radio"/> No → go to C7a	<input type="radio"/> Yes
C6b	Date:	____ / ____ / ____	
C6c	Length of ileum excluded:	____ cm	
C6d	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C7a	Cholecystectomy?	<input type="radio"/> No → go to C8a	<input type="radio"/> Yes
C7b	Date:	____ / ____ / ____	
C7c	Type of surgery:	<input type="radio"/> Open	<input type="radio"/> Laparoscopic
C7d	Gallstones present?	<input type="radio"/> No	<input type="radio"/> Yes

C: INITIAL HISTORY OF ABDOMINAL SURGERY

C8a	Was another drainage procedure performed? If Yes, please specify:	<input type="radio"/> No → go to D1 <input type="radio"/> Yes (specify): _____
C8c	Date:	____ / ____ / ____
C8d	Type of surgery:	<input type="radio"/> Open <input type="radio"/> Laparoscopic

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

D1	Does this participant have Alagille Syndrome?	<input type="radio"/> No → Done	<input type="radio"/> Yes
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 of Fallot	<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
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 17	<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 20	<input type="radio"/> Yes
D18	Butterfly vertebrae	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> Don't Know

D: ADDITIONAL ALAGILLE SYNDROME HISTORY

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 27		<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		