ChiLDReNLink: LOGIC

Form 13 Current Medications LOGIC		
A: VISIT		
A1	This form is to be completed by interview with a participant, the participant's parent(s) or guardian(s). Please indicate below the source of information for this form (check all that apply):	□ Mother □ Father □ Guardian(s) □ Participant □ Medical Record □ Other, specify: _____

B: DIET		
Diet information		
B1a	Human milk?	O No → **go to B2a** O Yes
B1b	If human milk, specify type:	□ Breast Milk □ Banked Milk
B2a	Cow's milk based formula?	O No → **go to B3a** O Yes
B2b	If cow's milk based formula, specify type:	□ Standard infant formula □ Follow-on formula
B3a	Cow's milk?	O No → **go to B4a** O Yes
B3b	If cow's milk, specify type:	□ Whole □ 2% □ Skim
B4a	Soy formula?	O No → **go to B5a** O Yes
B4b	If soy formula, specify type:	□ Prosobee □ Isomil □ Other (specify):_____
B5a	Specialized formula?	O No → **go to B6a** O Yes
B5b	If specialized formula, specify type:	□ Alimentum □ Pregestimil □ Neocate □ Low lactose □ Nutramigen □ Other (specify): _____
B6a	Parenteral nutrition?	O No → **go to B7** O Yes
B6b	If parenteral nutrition, specify type:	□ Total □ Partial
B7	Solid food?	O No O Yes
B8	Feeding route (check all that apply):	□ Oral □ Nasogastric □ Nasoentric □ Gastrostomy □ Gastrojejunostomy □ Jejunostomy □ Intravenous □ Not specified

C: VITAMINS AND DIETARY SUPPLEMENTS		
C1	Is the participant taking any vitamins or dietary supplements?	O No → **go to C60** O Yes
C2	Is the participant taking a multivitamin?	O No → **go to C6** O Yes
C3	How is the multivitamin taken?	O Oral O Parenteral
C4	Type of multivitamin:	O Multivitamin O AquADEK O AQUA-DEK O Other (specify): _____
C5	Total daily dose:	O = O < O > _____ O ml O tablet O Not Done
C6	Is the participant taking Vitamin A?	O No → **go to C10** O Yes
C7	How is the vitamin A taken?	O Oral O Parenteral
C8	Specify type of Vitamin A:	_____
C9	Total daily dose:	O = O < O > _____ O µg O IU O Not Done
C10	Is the participant taking Vitamin E?	O No → **go to C14** O Yes
C11	How is the vitamin E taken?	O Oral O Parenteral
C12	Specify type of Vitamin E:	O TPGS (Liqui-E) O Other (specify): _____
C13	Total daily dose:	O = O < O > _____ O mg O IU O ml O Not Done
C14	Is the participant taking Vitamin D?	O No → **go to C18** O Yes
C15	How is the vitamin D taken?	O Oral O Parenteral
C16	Specify type of Vitamin D	O Vitamin D2 O Vitamin D3 O 1,25 OH2 Vit D (Rocaltrol) O Other (specify): _____
C17	Total daily dose:	O = O < O > _____ O µg O IU O Not Done

C: VITAMINS AND DIETARY SUPPLEMENTS		
C18	Is the participant taking Vitamin K?	O No → **go to C22** O Yes
C19	How is the vitamin K taken?	O Oral O Parenteral
C20	Specify type of Vitamin K:	O Mephyton O Other (specify): _____
C21	Total daily dose:	O = O < O > _____ O mg O Not Done
C22	Is the participant taking Calcium?	O No → **go to C25** O Yes
C23	How is the calcium taken?	O Oral O Parenteral
C24	Total daily dose:	O = O < O > _____ O mg O mequ O Not Done
C25	Is the participant taking Duocal or Polycose?	O No → **go to C28** O Yes
C26	How is the Duocal or Polycose taken?	O Oral
C27	Total daily dose:	O = O < O > _____ O gm O Tbsp O Not Done
C28	Is the participant taking medium chain triglyceride (MCT) oil?	O No → **go to C31** O Yes
C29	How is the medium chain triglyceride (MCT) oil taken?	O Oral
C30	Total daily dose:	O = O < O > _____ O ml O gm O Tbsp O Not Done
C31	Is the participant taking milk thistle?	O No → **go to C60** O Yes
C32	How is the milk thistle taken?	O Oral
C33	Total daily dose:	O = O < O > _____ O mg O Don't Know O Not Done

C: VITAMINS AND DIETARY SUPPLEMENTS 2		
C60	Is the participant taking any other herbal remedies or supplements?	O No → **go to C63** O Yes
C61	How are the other herbal remedies or supplements taken?	O Oral

C: VITAMINS AND DIETARY SUPPLEMENTS 2		
C62	Specify type and dose of other herbal remedies or supplements:	_____
C63	Is the participant taking any other vitamins or dietary supplements? If yes, please complete the table below for each additional supplement.	O No → **go to D1** O Yes
C64	Additional vitamins or dietary supplements	

64. How is the vitamin or dietary supplement taken?	65. Specify type of vitamin or dietary supplement:	66. Total daily dose:
O Oral O Parenteral		O = O mg O < O mequ O > _____ O Not Done
O Oral O Parenteral		O = O mg O < O mequ O > _____ O Not Done
O Oral O Parenteral		O = O mg O < O mequ O > _____ O Not Done
O Oral O Parenteral		O = O mg O < O mequ O > _____ O Not Done
O Oral O Parenteral		O = O mg O < O mequ O > _____ O Not Done

D: OTHER PRESCRIPTION MEDICATIONS		
D1	Is the participant taking Ursodeoxycholic acid (e.g. Urso, ursodiol or Actigall)?	O No → **go to D3** O Yes
D2	If yes, please provide the total daily dose:	O = O < O > _____ O mg O Not Done
D3	Is the participant taking any diuretics?	O No → **go to D11** O Yes
D4	Is the participant taking Furosemide (e.g. Lasix)?	O No → **go to D6** O Yes
D5	Total daily dose:	O = O < O > _____ O mg O Not Done
D6	Is the participant taking Spironolactone (e.g. Aldactone)?	O No → **go to D8** O Yes
D7	Total daily dose:	O = O < O > _____ O mg O Not Done
D8	Is the participant taking any other diuretics?	O No → **go to D11** O Yes (specify): _____

D: OTHER PRESCRIPTION MEDICATIONS		
D10	Total daily dose:	O = O < O > _____ O mg O Not Done
D11	Is the participant taking prescription medication(s) to treat pruritus?	O No → **go to D24** O Yes
D12	Is the participant taking Rifampin?	O No → **go to D14** O Yes
D13	Total daily dose:	O = O < O > _____ O mg O Not Done
D14	Is the participant taking Antihistamines?	O No → **go to D17** O Yes (specify): _____
D16	Total daily dose:	O = O < O > _____ O mg O Not Done
D17	Is the participant taking Cholestyramine (e.g. Questran)?	O No → **go to D19** O Yes
D18	Total daily dose:	O = O < O > _____ O mg O Not Done
D19	Is the participant taking Phenobarbital?	O No → **go to D21** O Yes
D20	Total daily dose:	O = O < O > _____ O mg O Not Done
D21	Is the participant taking any other prescription medications to treat pruritus?	O No → go to D24 O Yes (specify): _____
D23	Total daily dose:	O = O < O > _____ O mg O Not Done
D24	Is the participant taking any other medications? If yes, please complete the table below for each additional medication.	O No → **Done** O Yes
D25	Other medications	

25. Specify medication:	**26. Total daily dose:**
	O = O < O > _____ O drops O ml O µg O gm O spray O Not Done O IU O tablet O mg O Tbsp
	O = O < O > _____ O drops O ml O µg O gm O spray O Not Done O IU O tablet O mg O Tbsp
	O = O < O > _____ O drops O ml O µg O gm O spray O Not Done O IU O tablet O mg O Tbsp

D: OTHER PRESCRIPTION MEDICATIONS						
25. Specify medication:	**26. Total daily dose:**					
	O =		O drops	O gm	O IU	O mg
	O <		O ml	O spray	O tablet	O Tbsp
	O >	_____	O µg	O Not Done		
	O =		O drops	O gm	O IU	O mg
	O <		O ml	O spray	O tablet	O Tbsp
	O >	_____	O µg	O Not Done		