ChiLDReNLink: BASIC

Form 03B Medical History Pre-Tx BASIC		
A: VISIT		
A2	This form is to be completed by interview. Please indicate the primary source(s) of information for this form (check all that apply):	□ Biological Mother □ Biological Father □ Guardian(s) □ Mother, not biological □ Father, not biological □ Medical Record □ Research Subject □ Other (specify): _____

B: MEDICAL HISTORY (1)		
B1	Kasai	O Done O Not Done → **go to B3**
B2	Date of Kasai:	___ ___ / ___ ___ / ___ ___ ___ ___
B3	Is the research subject listed for liver transplantation?	O No → **go to B8** O Yes
B4	Date of current listing:	___ ___ / ___ ___ / ___ ___ ___ ___
B5	Did the research subject (parent or guardian) consent to participate in SPLIT?	O No → **go to B8** O Yes
B6	SPLIT center code:	_____
B7	SPLIT subject code:	_____
B8	Did the research subject undergo any other liver surgery (excluding the Kasai and liver biopsies)?	O No → **go to B10** O Yes
B9	If Yes, specify:	_____
B10	Did the research subject undergo any cardiac repair?	O No → **go to B12** O Yes
B11	If Yes, specify:	_____
B12	Did the research subject undergo any other type of cardiac intervention?	O No → **go to 14** O Yes
B13	If Yes, specify:	_____
B14	Did the research subject undergo any other type of surgery as a result of a congenital condition (e.g. spleen removed, malrotation repaired, etc.)?	O No → **go to C16** O Yes

B: MEDICAL HISTORY (1)		
B15	If Yes, specify:	_____

B: MEDICAL HISTORY (2)		
B16	Past medical events or treatments that the research subject has had in their lifetime. (PI or Investigator to complete)	O None → **go to B26** O Yes
Ascites		
B17a	Ascites	O Occurred O Did not occur → **go to B18a**
B17b	Age at onset (yrs or mos):	___ ___ O Years O Months
B17c	Current status:	O Absent O Persistent
B17d	Occurred within past 12 months?	O No → **go to B18a** O Yes
B17e	Current treatment?	O No O Yes
B17f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B17g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Hepatopulmonary syndrome		
B18a	Hepatopulmonary syndrome	O Occurred O Did not occur → **go to B19a**
B18b	Age at onset (yrs or mos):	___ ___ O Years O Months
B18c	Current status:	O Absent O Persistent
B18d	Occurred within past 12 months?	O No → **go to B19a** O Yes
B18e	Current treatment?	O No O Yes

B: MEDICAL HISTORY (2)		
B18f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B18g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Nutritional supplementation (Ng or TPN)		
B19a	Nutritional supplementation (Ng or TPN)	O Occurred O Did not occur → **go to B20a**
B19b	Age at onset (yrs or mos):	O Years O Months ___ ___
B19c	Current status:	O Absent O Persistent
B19d	Occurred within past 12 months?	O No → **go to B20a** O Yes
B19e	Current treatment?	O No O Yes
B19f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B19g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Cholangitis		
B20a	Cholangitis	O Occurred O Did not occur → **go to B21a**
B20b	Lifetime number of events:	O Zero O One O Two to Five O >Five

B: MEDICAL HISTORY (2)		
B20c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B20d	Occurred within past 12 months?	O No → **go to B21a** O Yes
B20e	Number of discrete episodes:	___ ___ ___
B20f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B20g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Esophageal variceal bleed		
B21a	Esophageal variceal bleed	O Occurred O Did not occur → **go to B22a**
B21b	Lifetime number of events:	O Zero O One O Two to Five O >Five
B21c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B21d	Occurred within past 12 months?	O No → **go to B22a** O Yes
B21e	Number of discrete episodes:	___ ___ ___
B21f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B21g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____

B: MEDICAL HISTORY (2)		
Other GI bleed		
B22a	Other GI bleed	O Occurred O Did not occur → **go to B23a**
B22b	Lifetime number of events:	O Zero O One O Two to Five O >Five
B22c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B22d	Occurred within past 12 months?	O No → **go to B23a** O Yes
B22e	Number of discrete episodes:	___ ___ ___
B22f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B22g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Sepsis		
B23a	Sepsis	O Occurred O Did not occur → **go to B24a**
B23b	Lifetime number of events:	O Zero O One O Two to Five O >Five
B23c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B23d	Occurred within past 12 months?	O No → **go to B24a** O Yes
B23e	Number of discrete episodes:	___ ___ ___

B: MEDICAL HISTORY (2)		
B23f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B23g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Peritonitis		
B24a	Peritonitis	O Occurred O Did not occur → **go to B25a**
B24b	Lifetime number of events:	O Zero O One O Two to Five O >Five
B24c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B24d	Occurred within past 12 months?	O No → **go to B25a** O Yes
B24e	Number of discrete episodes:	___ ___ ___
B24f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B24g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
Bone Fracture		
B25a	Bone Fracture	O Occurred O Did not occur → **go to B26**
B25b	Lifetime number of events:	O Zero O One O Two to Five O >Five

B: MEDICAL HISTORY (2)		
B25c	Age at most recent episode (yrs or mos)	___ ___ O Years O Months
B25d	Occurred within past 12 months?	O No → **go to B26** O Yes
B25e	Number of discrete episodes:	___ ___ ___
B25f	Interventions (check all that apply):	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____
B25g	Information Source:	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
B25h	Describe site:	_____

B: MEDICAL HISTORY (3)		
B26	Any additional events or treatments?	O No → **go to go to C1** O Yes

B: MEDICAL HISTORY (3)

B27	Other events/treatments

83. Specify event / treatment:	84. Lifetime number of events:	85. Age at most recent episode (yrs or mos)	86. Occurred within past 12 months?	87. Number of discrete episodes:	88. Interventions (check all that apply):	89. Information Source:
__________	O Zero O One O Two to Five O >Five	___ ___ O Years O Months	O No O Yes	___ ___	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________
__________	O Zero O One O Two to Five O >Five	___ ___ O Years O Months	O No O Yes	___ ___	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________
__________	O Zero O One O Two to Five O >Five	___ ___ O Years O Months	O No O Yes	___ ___	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): ________________________	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): ________________

B: MEDICAL HISTORY (3)

83. Specify event / treatment:	84. Lifetime number of events:	85. Age at most recent episode (yrs or mos)	86. Occurred within past 12 months?	87. Number of discrete episodes:	88. Interventions (check all that apply):	89. Information Source:
_____	O Zero O One O Two to Five O >Five	___ ___ O Years O Months	O No O Yes	___ ___	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____
_____	O Zero O One O Two to Five O >Five	___ ___ O Years O Months	O No O Yes	___ ___	□ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Steroids □ Reoperation □ Vasoconstrictive agent □ Endoscopy □ Ligation □ Sclerotherapy □ Beta-blockade □ TIPPS □ Other surgical shunt □ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgery □ Other (specify): _____	□ Subject □ Parent/Guardian □ Medical Record □ Other (specify): _____

C: OTHER CHRONIC DISEASES

C1	Did/Does the research subject have any other chronic diseases?	O No → **go to D1**	O Yes	O NA → **go to D1**

C: OTHER CHRONIC DISEASES

C2	If Yes, please complete the following table:

3. Diagnosis:	4. Age at onset (yrs or mos):	5. Resolved?	6. Age at resolution (yrs or mos):	7. If not resolved, currently treated?	8. Is this a genetic diagnosis?	9. Current status:
__________	___ ___ O Years O Months	O No O Yes	___ ___ O Years O Months	O No O Yes	O No O Yes O Pending	O Controlled O Refractory
__________	___ ___ O Years O Months	O No O Yes	___ ___ O Years O Months	O No O Yes	O No O Yes O Pending	O Controlled O Refractory
__________	___ ___ O Years O Months	O No O Yes	___ ___ O Years O Months	O No O Yes	O No O Yes O Pending	O Controlled O Refractory
__________	___ ___ O Years O Months	O No O Yes	___ ___ O Years O Months	O No O Yes	O No O Yes O Pending	O Controlled O Refractory
__________	___ ___ O Years O Months	O No O Yes	___ ___ O Years O Months	O No O Yes	O No O Yes O Pending	O Controlled O Refractory

D: CURRENT MEDICATIONS

D1	Does the subject currently take any of the following prescription medications, vitamins/supplements, or therapies?

□ None
□ Vitamin A
□ Vitamin D
□ Vitamin E
□ Vitamin K
□ AquADEK
□ Other multivitamin
□ Ursodeoxycholic acid
□ Prophylactic antibiotics for cholangitis
□ Bile acid sequestrant (e.g. cholestyramine)
□ Rifampin
□ Lactulose or Neomycin

□ Propranolol or nadolol, specify total daily dose in mg/day: ________________________________

□ Furosemide, specify total daily dose in mg/day: ________________________________

□ Spironolactone, specify total daily dose in mg/day: ________________________________

□ Herbal supplements or remedies, specify: ________________________________

□ Other, specify: ________________________________

E: INVESTIGATOR SIGNATURE

E1	Investigator Signed?	O No → **Done** O Yes ____________________________________
E2	Date investigator signed	___ ___ / ___ ___ / ___ ___ ___ ___