



CHILDRENLink: FORCE

Liver Stiffness Measurement FORCE

A: OPERATOR NAME AND SUBJECT FASTING

A1	Operator Name:	_____
A2	Time since last food or nonclear liquid was consumed:	____ hours

B: HISTORY AND PHYSICAL EXAM

B1	Does the subject have a cardiac defect?	<input type="radio"/> No → go to B3 <input type="radio"/> Yes
B2	Which of the following cardiac defects does the subject have? Check all that apply.	<input type="checkbox"/> Tetralogy of Fallot <input type="checkbox"/> Pulmonary valve stenosis (moderate or severe) <input type="checkbox"/> Pulmonary atresia <input type="checkbox"/> Peripheral Pulmonary Stenosis (PPS) that requires (or required) surgical or interventional therapy <input type="checkbox"/> Other
B3	Weight:	____ ____ <input type="radio"/> kgs <input type="radio"/> lbs <input type="radio"/> oz ____ ____ <input type="radio"/> oz <input type="radio"/> Not Done
B4	Spleen size below the left costal margin:	____ ____ <input type="radio"/> cm <input type="radio"/> Not palpable <input type="radio"/> Not Done
B5	Presence of ascites that is detectable on physical exam? (If ascites is detectable, subject should be removed from study.)	<input type="radio"/> No <input type="radio"/> Yes → skip section C
B6	Thoracic Circumference (Perimeter):	____ ____ cm
B7	What was the FibroScan's probe size recommendation?	<input type="radio"/> M-Probe <input type="radio"/> XL-Probe <input type="radio"/> N/A – Thoracic circumference <75cm, S probe used

C: LIVER STIFFNESS MEASUREMENT

C1	Was the FibroScan successfully completed?	<input type="radio"/> No <input type="radio"/> Yes → Done
C2	If the FibroScan was not successfully completed, select reason (check all that apply):	<input type="checkbox"/> Probe size related <input type="checkbox"/> Adherence/behavior issues <input type="checkbox"/> Obesity <input type="checkbox"/> Ascites <input type="checkbox"/> Machine/Operator not available <input type="checkbox"/> Other _____