



ChiLDReNLink: PROBE

Form 22 F/U Diet/Meds PROBE

A: VISIT

A1	This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate the primary source of information for this form (check all that apply):	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Record
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B: DIET

Do you feed your child the following:

B1a	Human milk?	O No → go to B2a	O Yes
B1b	Human milk, specify: (check all that apply)	<input type="checkbox"/> Breast milk	<input type="checkbox"/> Banked milk
B2a	Cow's milk based formula?	O No → go to B3a	O Yes
B2b	Cow's milk based formula, specify: (check all that apply)	<input type="checkbox"/> Standard infant formula	<input type="checkbox"/> Follow-on formula
B3a	Soy formula?	O No → go to B4a	O Yes
B3b	Soy formula, specify: (check all that apply)	<input type="checkbox"/> Prosobee <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Isomil
B4a	Specialized formula?	O No → go to B5a	O Yes
B4b	Specialized formula, specify: (check all that apply)	<input type="checkbox"/> Alimentum <input type="checkbox"/> Neocate <input type="checkbox"/> Nutramigen <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Pregestimil <input type="checkbox"/> Low lactose
B5a	Parenteral nutrition?	O No → go to B6	O Yes
B5b	Parenteral nutrition, specify: (check all that apply)	<input type="checkbox"/> Total	<input type="checkbox"/> Partial
B6	Solid food?	O No	O Yes
B7	How is your child fed? (check all that apply)	<input type="checkbox"/> Oral <input type="checkbox"/> Nasoenteric <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Intravenous	<input type="checkbox"/> Nasogastric <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Not specified

C: VITAMINS AND DIETARY SUPPLEMENTS

C1	Does your child take any vitamins or dietary supplements or has he/she taken any since your last visit to our clinic?	<input type="radio"/> No → go to C11	<input type="radio"/> Yes
C1a	Multivitamin?	<input type="radio"/> No → go to C2a	<input type="radio"/> Yes
C1b	How is the multivitamin taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C1c	What type of multivitamin?	<input type="checkbox"/> Poly-vi-sol <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> AquADEK
C1d	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> ml <input type="radio"/> tablet <input type="radio"/> Not Done
C2a	Vitamin A?	<input type="radio"/> No → go to C3a	<input type="radio"/> Yes
C2b	How is the vitamin A taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C2c	What type of vitamin A?	<input type="checkbox"/> Aquasol A <input type="checkbox"/> Other (specify): _____	
C2d	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> µg <input type="radio"/> IU <input type="radio"/> Not Done
C3a	Vitamin E?	<input type="radio"/> No → go to C4a	<input type="radio"/> Yes
C3b	How is the vitamin E taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C3c	What type of vitamin E?	<input type="checkbox"/> TPGS (Liqui-E) <input type="checkbox"/> Other (specify): _____	
C3d	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> IU <input type="radio"/> ml <input type="radio"/> Not Done
C4a	Vitamin D?	<input type="radio"/> No → go to C5a	<input type="radio"/> Yes
C4b	How is the vitamin D taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C4c	What type of vitamin D?	<input type="checkbox"/> D2 or D3 (Drisdol) <input type="checkbox"/> 1,25 OH 2 Vit D (Rocaltrol) <input type="checkbox"/> Other (specify): _____	
C4d	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> µg <input type="radio"/> IU <input type="radio"/> Not Done

C: VITAMINS AND DIETARY SUPPLEMENTS

C5a	Vitamin K?	<input type="radio"/> No → go to C6a	<input type="radio"/> Yes
C5b	How is the vitamin K taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C5c	What type of vitamin K?	<input type="checkbox"/> Mephyton <input type="checkbox"/> Other (specify): _____	
C5d	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
C6a	Calcium?	<input type="radio"/> No → go to C7a	<input type="radio"/> Yes
C6b	How is the calcium taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C6c	Total Daily Dose	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> mequ <input type="radio"/> Not Done
C7a	Duocol or Polycose?	<input type="radio"/> No → go to C8a	<input type="radio"/> Yes
C7b	How is the Duocol or Polycose taken?	<input type="checkbox"/> Oral	
C8a	Branch Chain Amino Acids?	<input type="radio"/> No → go to C9a	<input type="radio"/> Yes
C8b	How are the branch chain amino acids taken?	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C9a	Medium chain triglyceride (MCT) oil?	<input type="radio"/> No → go to C10a	<input type="radio"/> Yes
C9b	How is the medium chain triglyceride (MCT) oil taken?	<input type="checkbox"/> Oral	
C10a	Protein supplements?	<input type="radio"/> No → go to C11	<input type="radio"/> Yes
C10b	How are the protein supplements taken?	<input type="checkbox"/> Oral	
C11	Were other supplements taken? (Fill out the table for each additional supplement.)	<input type="radio"/> No → go to D1a	<input type="radio"/> Yes

C11a Fill out the table for each additional supplement.

11a. Specify other supplement	11b. How was the other supplement taken?	11c. Other supplement dose
_____	<input type="radio"/> Oral <input type="radio"/> Parenteral	_____
_____	<input type="radio"/> Oral <input type="radio"/> Parenteral	_____
_____	<input type="radio"/> Oral <input type="radio"/> Parenteral	_____

C: VITAMINS AND DIETARY SUPPLEMENTS

11a. Specify other supplement	11b. How was the other supplement taken?	11c. Other supplement dose
_____	<input type="radio"/> Oral <input type="radio"/> Parenteral	_____
_____	<input type="radio"/> Oral <input type="radio"/> Parenteral	_____

D: OTHER PRESCRIPTION MEDICATIONS

Other Prescription Medications

D1a	Does the subject take Ursodeoxycholic acid (e.g. Urso, ursodiol or Actigall)?	<input type="radio"/> No → go to D2a	<input type="radio"/> Yes
D1b	If yes, what is the total daily dose?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
D2a	Does the subject take Trimethoprim/sulfamethoxazole?	<input type="radio"/> No → go to D3a	<input type="radio"/> Yes
D2b	What is the total daily dose of the Trimethoprim/sulfamethoxazole?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg TMP <input type="radio"/> Not Done
D3a	Does the subject take any other antibiotic?	<input type="radio"/> No → go to D4	<input type="radio"/> Yes
D3b	Add other antibiotics:		

1. Specify Other Antibiotic:	2. Total Daily Dose in mg:
_____	_____ mg
_____	_____ mg
_____	_____ mg
_____	_____ mg
_____	_____ mg

D4	Does the subject take any diuretics?	<input type="radio"/> No → go to D8	<input type="radio"/> Yes
D5a	Does the subject take Furosemide (e.g.: Lasix)?	<input type="radio"/> No → go to BD6a	<input type="radio"/> Yes
D5b	What is the total daily dose of Furosemide?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done

D: OTHER PRESCRIPTION MEDICATIONS

D6a	Does the subject take Spironolactone (e.g.: Aldactone)?	<input type="radio"/> No → go to D7a	<input type="radio"/> Yes
D6b	What is the total daily dose of Spironolactone?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D7a	Does the subject take another diuretic?	<input type="radio"/> No → go to D8 <input type="radio"/> Yes (specify): _____	
D7b	What is the total daily dose of the other diuretic?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D8	Does the subject take any other steroids?	<input type="radio"/> No → go to D13	<input type="radio"/> Yes
D9a	Does the subject take prednisone?	<input type="radio"/> No → go to D10a	<input type="radio"/> Yes
D9b	What is the total daily dose of the prednisone?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D10a	Does the subject take prednisolone?	<input type="radio"/> No → go to D11a	<input type="radio"/> Yes
D10b	What is the total daily dose of the prednisolone?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D11a	Does the subject take methylprednisolone (e.g. Solumedrol)	<input type="radio"/> No → go to D12a	<input type="radio"/> Yes
D11b	What is the total daily dose of the methylprednisolone?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D12a	Does the subject take another steroid?	<input type="radio"/> No → go to D13 <input type="radio"/> Yes (specify): _____	
D12b	What is the total daily dose of the other steroid?	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> Not Done
D13	Does the subject take prescription medications to treat pruritus?	<input type="radio"/> No <input type="radio"/> Yes, Rifampin <input type="radio"/> Yes, Antihistamines <input type="radio"/> Yes, Cholestyramine (e.g., Questran) <input type="radio"/> Yes, other (specify): _____	