



ChiLDReNLink: PROBE

Form 12 Hospital Discharge PROBE

A: DISCHARGE DATA

A1	Was the participant hospitalized? (Complete this form only if the participant was hospitalized.)	<input type="radio"/> No → Done	<input type="radio"/> Yes
A2	Date of Discharge:	____ / ____ / ____	
A3	Date of Hospitalization:	____ / ____ / ____	
A4	Weight:	_____ <input type="radio"/> kgs	<input type="radio"/> lbs
		_____ <input type="radio"/> oz	<input type="radio"/> oz
		<input type="radio"/> Not Done	
A5	Stool color:	<input type="radio"/> White or gray (acholic) <input type="radio"/> Pale (less color than normal) <input type="radio"/> Normal (yellow, brown, green)	
A6	Discharge:	<input type="radio"/> Home <input type="radio"/> Transfer to another health care facility <input type="radio"/> Other (specify): _____	
A7	Specify reason if subject was not discharged home:	_____	

B: COMPLICATIONS

B1	Did the subject have a fever (38° C or more) during hospitalization?	<input type="radio"/> No → go to B6	<input type="radio"/> Yes
B2	Number of distinct episodes (separated by 48 hours):	_____	
B3	Date of initial episode:	____ / ____ / ____	
B4	Continuing?	<input type="radio"/> No	<input type="radio"/> Yes → go to B6
B5	If No, date of last resolution:	____ / ____ / ____	
B6	Did the subject experience a systemic infection?	<input type="radio"/> No → go to B12	<input type="radio"/> Yes
B7	Number of distinct episodes (separated by 48 hours or of different etiologies):	_____	
B8	Specify type of infection (check all that apply):	<input type="checkbox"/> Blood <input type="checkbox"/> Urinary <input type="checkbox"/> Respiratory <input type="checkbox"/> Other (specify): _____	

B: COMPLICATIONS

B9	Date of initial episode:	____ / ____ / ____
B10	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B12
B11	If No, date of last resolution:	____ / ____ / ____
B12	Did the subject experience an episode of cholangitis?	<input type="radio"/> No → go to B17 <input type="radio"/> Yes
B13	Number of distinct episodes (separated by complete resolution of symptoms):	_____
B14	Date of initial episode:	____ / ____ / ____
B15	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B17
B16	If No, date of last resolution:	____ / ____ / ____
B17	Did the subject experience impaired wound healing or infection?	<input type="radio"/> No → go to B22 <input type="radio"/> Yes
B18	Number of distinct episodes (separated by complete resolution):	_____
B19	Date of initial episode:	____ / ____ / ____
B20	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B22
B21	If No, date of last resolution:	____ / ____ / ____
B22	Did the subject experience an episode of ascites?	<input type="radio"/> No → go to B27 <input type="radio"/> Yes
B23	Number of distinct episodes (separated by complete resolution of symptoms):	_____
B24	Date of initial episode:	____ / ____ / ____
B25	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B27
B26	If No, date of last resolution:	____ / ____ / ____
B27	Did the subject experience a gastrointestinal hemorrhage during hospitalization?	<input type="radio"/> No → go to B32 <input type="radio"/> Yes
B28	Number of distinct episodes:	_____
B29	Date of initial episode:	____ / ____ / ____
B30	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B32
B31	If No, date of last resolution:	____ / ____ / ____

B: COMPLICATIONS

B32	Did the subject experience any other hemorrhage during hospitalization? If yes, specify type:	<input type="radio"/> No → go to B38 <input type="radio"/> Yes (specify): _____
B34	Number of distinct episodes:	_____
B35	Date of initial episode:	____ / ____ / ____
B36	Continuing?	<input type="radio"/> No <input type="radio"/> Yes → go to B38
B37	If No, date of last episode:	____ / ____ / ____
B38	Did the subject have to undergo any other surgeries during hospitalization?	<input type="radio"/> No <input type="radio"/> Yes (specify): _____

C: LABORATORY EVALUATION

Please complete the following table for each date that labs are available between hospitalization and discharge.

Please note: Total bilirubin should not be less in value than the sum of indirect and direct bilirubin or the sum of unconjugated and conjugated bilirubin.

1. Date	2. Total bilirubin:	3. Indirect bilirubin:	4. Direct bilirubin:	5. Unconjugated bilirubin:	6. Conjugated bilirubin:	7. AST:	8. ALT:	9. Alkaline phosphatase:	10. GGTP:
____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
____/____/____	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O U/L O< O Not O> Done			
____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
____/____/____	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O U/L O< O Not O> Done			
____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
____/____/____	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O U/L O< O Not O> Done			
____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
____/____/____	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O mg/dl O< O μmol/l O> O Not Done	O= O U/L O< O Not O> Done			