

Subject ID: \_\_\_\_\_  
Date of Visit: \_\_\_\_\_



**ChiLDReNLink: PROBE**

**Form 03 Initial History**

This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate below the primary source(s) of information for this form (check all that apply):

A2

- Mother  
 Father  
 Guardian(s)  
 Medication Record  
 Other, specify:

**See answer choices for table below, at the end of the eCRF**

Please describe each visit your child has had with a health professional prior to this intake, starting with the earliest (prior to this intake)

B2

Infant's Age	Type of Visit	Primary Reasons for Visit	Self-Reported Diagnosis	Was jaundice present?
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C1

- Has your child been having white or pale stools?
- No  
 Yes  
 Don't Know

C2

What was your child's age when this started (white or pale stools)?

Subject ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_\_

- days  
 weeks of age

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the iTask through the CENSUS.

Z1 This questionnaire or task has been completed with all available data:

- Yes

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Types of Visit Options for Table Above:

Nurse Visit  
 Nurse practitioner  
 Physician assistant  
 Family practitioner visit  
 Pediatrician visit  
 Emergency room visit  
 Inpatient hospitalization  
 Pediatric gastroenterologist  
 Other, specify;

Primary reasons for visit options for table above (check all that apply):

Well baby visit  
 Jaundice  
 Infection  
 Failure to thrive  
 Feeding difficulties  
 Other GI symptoms  
 Accident/trauma  
 Other, specify;