



ChiLDReNLink: PROBE

Form 20 Physical Exam FU PROBE

If you have completed Form 20 less than three months ago as part of a follow up visit, you do not need to complete this form at transplant.

This form has been completed within the last three months for this participant. → Done

This form has NOT been completed within the last three month for this participant. (Complete the form.)

A: EXAM DATE

A1	Exam Date:	____ / ____ / ____
A2	Source of Data (check all that apply):	<input type="checkbox"/> Attending Physician <input type="checkbox"/> Study Investigator <input type="checkbox"/> Medical Record

B: VITAL SIGNS AND ANTHROPOMETRICS

B1	Vital Signs	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done → go to B9
B2	Blood Pressure	____ Systolic in mm Hg	<input type="checkbox"/> Not Done
		____ Diastolic in mm Hg	<input type="checkbox"/> Not Done
B3	Heart rate (when quiet)	____ beats/min	<input type="checkbox"/> Not Done
B4	Oxygen saturation in room air (upright position - for at least 5 minutes)	____ %	<input type="checkbox"/> Not Done
B7	Temperature	____ °C	<input type="checkbox"/> °F <input type="checkbox"/> Not Done → go to B9
B7a	Temperature Taken:	<input type="checkbox"/> Axillary <input type="checkbox"/> Temporal artery	<input type="checkbox"/> Rectal <input type="checkbox"/> Oral <input type="checkbox"/> Tympanic
B9	Weight	____ O kgs	<input type="checkbox"/> lbs <input type="checkbox"/> oz
		____ O oz	<input type="checkbox"/> Not Done
B10	Length/height	____ O cm	<input type="checkbox"/> feet <input type="checkbox"/> inches
		____ O inches	<input type="checkbox"/> Not Done
B11	Head circumference (if ≤ 3 years age)	____ O cm	<input type="checkbox"/> inches <input type="checkbox"/> NA (>3 years)
		<input type="checkbox"/> Not Done	
B12	Mid arm circumference	Right arm: ____ cm	<input type="checkbox"/> Not Done
		Left arm: ____ cm	<input type="checkbox"/> Not Done

For skinfold measurements, perform all measurements in triplicate and record the mean

B: VITAL SIGNS AND ANTHROPOMETRICS

B13	Triceps skinfold thickness	Right: ____ mm	O Not Done
		Left: ____ mm	O Not Done

C: PHYSICAL EXAM

C1	Physical Examination	O Done	O Not Done → go to C99
C2	Skin exam:	O Done	O Not Done → go to C10
C6	Cyanosis (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Peripheral (e.g. fingers, toes) <input type="checkbox"/> Not Done	<input type="checkbox"/> Central (e.g. lips) <input type="checkbox"/> No information given
C7	Pruritus	<input type="radio"/> None <input type="radio"/> Mild scratching when undistracted <input type="radio"/> Active scratching without abrasion <input type="radio"/> Active scratching with abrasions <input type="radio"/> Cutaneous mutilation with bleeding and scarring	
C8	Xanthoma	O None	O Mild/Moderate O Extensive
C10	Facial Features exam	O Done	O Not Done → go to C45
C11	Facial Features	<input type="radio"/> Normal → go to C13a <input type="radio"/> Abnormal dysmorphic features <input type="radio"/> No information given → go to C13a <input type="radio"/> Not Done → go to C13a	
C12	Abnormal dysmorphic features (check all that apply)	<input type="checkbox"/> Triangular face <input type="checkbox"/> Wide nasal bridge <input type="checkbox"/> Prominent forehead <input type="checkbox"/> Low set ears <input type="checkbox"/> Deep set eyes <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> No information given	
C13	Do these features suggest a known syndrome?	<input type="radio"/> No <input type="radio"/> Alagille syndrome <input type="radio"/> Other (specify): _____ <input type="radio"/> No information given	
C13a	Other facial abnormalities:	<input type="radio"/> No <input type="radio"/> Yes (specify): _____	
Liver Exam			
C45	Liver span [at right (left) mid-clavicular line]	____ cm	O Not palpable O Not Done

C: PHYSICAL EXAM

C46	Liver edge	_____	O cm below right (left) costal margin O Liver edge not palpable O Not Done
C47	Liver edge	_____	O cm below xiphoid O Liver edge not palpable O Not Done
C48	Liver texture		O Soft O Firm O Hard O Nodular and hard O Not palpable O Not Done
C51	Spleen size below the left (right) costal margin	_____ O cm	O Not palpable O Not Done
C53	Ascites		O Absent O Present
C58	Tanner Score (if child is 8 years or older or if precocious puberty is suspected)		O Done O Not Done → go to C66 O NA → go to C66 O Refused → go to C66
C59	Development		O 1 O 2 O 3 O 4 O 5
C60	Pubic hair		O 1 O 2 O 3 O 4 O 5
C66	Peripheral edema:		O Absent O Present O Not Done
C67	Clubbing:		O Absent O Present
C78	Anomalies and Abnormalities		O Done O Not Done → go to C90

Review each of the following items below and check the appropriate box

C79	Appearance	O Normal O Abnormal (specify): _____ O Not Done
C80	Skin	O Normal O Abnormal (specify): _____ O Not Done
C81	HEENT	O Normal O Abnormal (specify): _____ O Not Done
C82	Neck and Thyroid	O Normal O Abnormal (specify): _____ O Not Done
C83	Lungs and Chest	O Normal O Abnormal (specify): _____ O Not Done
C84	Lymphatic	O Normal O Abnormal (specify): _____ O Not Done
C85	Heart	O Normal O Abnormal (specify): _____ O Not Done

C: PHYSICAL EXAM

C86	Abdomen	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C87	Musculoskeletal	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C88	Neurological	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done
C89	Other	<input type="radio"/> Normal <input type="radio"/> Abnormal (specify): _____ <input type="radio"/> Not Done

C: TRANPLANT INFORMATION

C90	Was the child previously listed for transplant?	<input type="radio"/> No → go to C93 <input type="radio"/> Yes
C91	If Yes, was the child removed from the transplant list since the last research visit?	<input type="radio"/> No → go to C93 <input type="radio"/> Yes <input type="radio"/> Yes, but relisted
C92	If removed, why?	<input type="radio"/> Improved <input type="radio"/> Too ill for transplant <input type="radio"/> Family wishes <input type="radio"/> Other (specify): _____
C93	Biopsy to be/was performed at BARC site?	<input type="radio"/> No <input type="radio"/> Yes
C94	Transplant to be/was performed?	<input type="radio"/> No <input type="radio"/> Yes
C95	Was there a change in the diagnosis?	<input type="radio"/> No <input type="radio"/> Yes

D: INVESTIGATOR SIGNATURE

D1	Investigator Signed?	<input type="radio"/> No → Done <input type="radio"/> Yes _____
D2	Date investigator signed	 ____ / ____ / ____