

A1. Site/Study ID #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ A2. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year A3. Study Staff ID/Initials: \_\_\_\_

A4. Follow-up visit (month): 1  2  3  6  OR Age: \_\_\_\_ mo/yr To DCC

A5. This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate below the primary source of information for this form (check all that apply):

- a.  Mother DTMA05AM V2(2)      b.  Father DTMA05BF V2(2)      c.  Guardian(s) DTMA05CG V2(2)  
 d.  Other DTMA05DO V2(2) (Specify: DTMA05DS V2(300)\_\_\_\_\_)      e.  Medical Record DTMA05MR V2(2)

### SECTION B: DIET

B1. What do you feed your child (check all that apply)?

Feeding Type	Specify (check all that apply):
a. <input type="checkbox"/> Human milk DTMB01AM V2(2)	ai. <input type="checkbox"/> Breast milk DTMB01AI V2(2)    aii. <input type="checkbox"/> Banked milk DTMB1AII V2(2)
b. <input type="checkbox"/> Cow's milk based formula DTMB01BC V2(2)	bi. <input type="checkbox"/> Standard infant formula DTMB01BI V2(2)    bii. <input type="checkbox"/> Follow-on formula DTMB1BII V2(2)
d. <input type="checkbox"/> Soy formula DTMB01DS V2(2)	di. <input type="checkbox"/> Prosobee DTMB01DI V2(2)    dii. <input type="checkbox"/> Isomil DTMB1DII V2(2) diii. <input type="checkbox"/> DTMBDIII V2(2) Other_ DTMBIIIS V2(300)_____
e. <input type="checkbox"/> Specialized formula DTMB01ES V2(2)	ei. <input type="checkbox"/> Alimentum DTMB01EI V2(2)    eii. <input type="checkbox"/> Pregestimil DTMB1EII V2(2) eiii. <input type="checkbox"/> Neocate DTMBEIII V2(2)    eiv. <input type="checkbox"/> Low lactose DTMB1EIV V2(2) ev. <input type="checkbox"/> Nutramigen DTMB01EV V2(2)    evi. <input type="checkbox"/> Other DTMB1EVI V2(2) DTMBEVIS V2(300)
f. <input type="checkbox"/> Parenteral nutrition DTMB01FP 2(2)	fi. <input type="checkbox"/> Total DTMB01FI V2(2)    fii. <input type="checkbox"/> Partial DTMB1FII V2(2)
g. <input type="checkbox"/> Solid food DTMB01GS V2(2)	
h. <input type="checkbox"/> Not specified DTMB01HN V2(2)	

B2. How is your child fed (check all that apply)?

- a.  Oral DTMB02AO V2(2)  
 b.  Nasogastric DTMB02BN V2(2)  
 c.  Nasoenteric DTMB02CN V2(2)  
 d.  Gastrostomy DTMB02DG V2(2)  
 e.  Gastrojejunostomy DTMB02EG V2(2)  
 f.  Jejunostomy DTMB02FJ V2(2)  
 g.  Intravenous DTMB02GI V2(2)  
 h.  Not specified DTMB02HN V2(2)

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**SECTION C: VITAMINS AND DIETARY SUPPLEMENTS - \* DO NOT REPORT VITAMINS OR SUPPLEMENTS PRESCRIBED IN P004.**

C1. Does your child take any of the following vitamins or dietary supplements or has he/she taken any since your last visit to our clinic? **DO NOT INCLUDE MEDICATIONS PRESCRIBED FOR P004.** 1.  None → Go to D1 DTMC01ME V2(2)

Vitamin/Supplement	Oral or Parenteral	Type	Total Daily Dose
a. <input type="checkbox"/> Multivitamin* DTMC01AM V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01AP V2(2)	1. <input type="checkbox"/> Poly-vi-sol 2. <input type="checkbox"/> ADEK 3. <input type="checkbox"/> Other DTMC01AT V2(2) DTMC01AO V2(300)	DTMC01AD V2(10) ____ ml OR ____ . ____ tablet DTMCLATB V2(10)
b. <input type="checkbox"/> Vitamin A* DTMC01BA V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01BP V2(2)	1. <input type="checkbox"/> Aquasol A 2. <input type="checkbox"/> Other _____ DTMC01BT V2(2) DTMC01BO V2(300) _____	DTMC01BD V2(10) <input type="checkbox"/> µg OR <input type="checkbox"/> IU DTMC01BU V2(10)
c. <input type="checkbox"/> Vitamin E* DTMC01CE V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01CP V2(2)	1. <input type="checkbox"/> TPGS (Liqui-E) 2. <input type="checkbox"/> Other _____ DTMC01CT V2(2) DTMC01CO V2(300) _	DTMC01CD V2(10) <input type="checkbox"/> mg OR <input type="checkbox"/> IU DTMC01CU V2(10)
d. <input type="checkbox"/> Vitamin D* DTMC01VD V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01DP V2(2)	1. <input type="checkbox"/> D <sub>2</sub> or D <sub>3</sub> (Drisdol) 2. <input type="checkbox"/> 1,25 OH <sub>2</sub> Vitamin D (Rocaltrol) 3. <input type="checkbox"/> Other _____ DTMC01DU V2(2) DTMC01DO V2(300) _	DTMC01DY V2(10) <input type="checkbox"/> µg OR <input type="checkbox"/> IU DTMC01DZ V2(10)
e. <input type="checkbox"/> Vitamin K* DTMC01EK V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parentera DTMC01EP V2(2)	1. <input type="checkbox"/> Mephyton 2. <input type="checkbox"/> Other _____ DTMC01ET V2(2) DTMC01EO V2(300) _	DTMC01ED V2(10) mg
f. <input type="checkbox"/> Calcium DTMC01FC V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01FP V2(2)		DTMC01FD V2(10) <input type="checkbox"/> mg OR <input type="checkbox"/> mequ DTMC01FU V2(10)
g. <input type="checkbox"/> Duocal or Polycose DTMC01GP V2(2)	1. <input type="checkbox"/> Oral DTMC01GO V2(2)		
h. <input type="checkbox"/> Branch chain amino acids DTMC01HB V2(2)	1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DTMC01HP		

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V2(2)

i.  Medium chain  
 triglyceride (MCT) oil  
 DTMC01IM V2(2)

1.  Oral  
 DTMC01IO  
 V2(2)

j.  Protein  
 supplements  
 DTMC01JP V2(2)

1.  Oral  
 DTMC01JO  
 V2(2)

m.  Other  
 DTMC01MO V2(2)

1.  Oral Specify \_\_\_\_\_  
 2.  Parenteral \_\_\_\_\_  
 DTMC01MP DTMC1TMS V2(300)  
 V2(2)

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**SECTION D: OTHER PRESCRIPTION MEDICATIONS — \*DO NOT REPORT MEDICATIONS PRESCRIBED IN P004**

D1. Ursodeoxycholic acid (e.g. Urso, ursodiol or Actigall) 1.  No DTMD01UA → Go to D2

Medication	Total Daily Dose
a. <input type="checkbox"/> Ursodeoxycholic acid* DTMD01AU	_____ mg DTMD01TD

D2. Other antibiotics 1.  No → Go to D3 DMED02AN V2(2)

Medication	Total Daily Dose
a. <input type="checkbox"/> Trimethoprim/sulfamethoxazole* DTMD02AT v2(2)	DTMD2ATD V2(10) mg TMP
b. <input type="checkbox"/> Other : ____ DTMD02BO V2(2)_ DTMD02BS V2(300)	DTMD2BTD V2(10) mg
c. <input type="checkbox"/> Other : ____ DTMD02CO V2(2)_ DTMD02CS V2(300)	DTMD2CTD V2(10) mg
d. <input type="checkbox"/> Other : ____ DTMD02DO V2(2)_ DTMD02DS V2(300)	DTMD2DTD V2(10) mg
e. <input type="checkbox"/> Other : DTMD02EO V2(2) DTMD02ES V2(300)	DTME2ETD V2(10) mg

D3. Diuretics 1.  No → Go to D4 DTMD03DI V2(2)

Medication	Total Daily Dose
a. <input type="checkbox"/> Furosemide (e.g. Lasix) DTMD03AF V2(2)	DTMD3ATD V2(10) mg
b. <input type="checkbox"/> Spironolactone (e.g. Aldactone) DTMD03BS V2(2)	DTMD3BTD V2(10) mg
c. <input type="checkbox"/> Other : DMED03CO V2(2) DTMD03CS V2(300)	DTMD3CTD V(10) mg

D4. Other steroids 1.  No → Go to D5 DMED04ST V2(2)

Medication	Total Daily Dose
a. <input type="checkbox"/> Prednisone DTMD04AP V2(2)	DTMD4ATD V2(10) mg
b. <input type="checkbox"/> Prednisolone DTMD04BP V2(2)	DTMD4BTD V2(10) mg
c. <input type="checkbox"/> Methylprednisolone (e.g. Solumedrol) DTMD04CM V2(2)	DTMD4CTD V2(10) mg
d. <input type="checkbox"/> Other : DMED04DO V2(2) DTMD04DS V2(300)	DTMD4DTD V2(10) mg

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D5. Prescription medications to treat pruritus  No → Go to D6 DTMD05PR V2(2)

Medication
a. <input type="checkbox"/> Rifampin DTMD05AR V2(2)
b. <input type="checkbox"/> Antihistamines DTMD05BA V2(2)
c. <input type="checkbox"/> Cholestyramine (e.g. Questran) DTMD05CC V2(2)
d. <input type="checkbox"/> Other : DMED05DO V2(2) DTMD05DS V2(300)

Inactive Variables

DTMD03DI	DTMD06DM	DTMC01NO	DTMD06CM	DTM6EEMM
DTMD03AF	DTMD06EM	DTMC01NP	DTMD6CTD	DTM6EEDD
DTMD3ATD	DTMD06FM	DTMC1NS	DTM6CSMM	DTM6EEYY
DTMD03BS	DTMD06GM	CTXFMSTA	DTM6CSDD	DTM6EEDT
DTMD3BTD	DTMD06HM	DTMC1ATB	DTM6CSYY	DTMD06EG
DTMD03CO	DTMD06IM	DTMD06ME	DTM6CSDT	DTMD06FM
DTMD03CS	DTMD06JM	DTMD06AM	DTM6CEMM	DTMD6FTD
DTMD3CTD	DTMD06KM	DTMD6ATD	DTM6CEDD	DTM6FSMM
DTMD04ST	DTMD06LM	DTM6ASMM	DTM6CEYY	DTM6FSDD
DTMD04AP	DTMD06MA	DTM6ASDD	DTM6CEDT	DTM6FSYY
DTMD4ATD	DTMD06NM	DTM6ASY	DTMD06CG	DTM6FSDT
DTMD04BP	DTMINSIG	DTM6ASDT	DTMD06DM	DTM6FEMM
DTMD4BTD	DTMD06OM	DTM6AEMM	DTMD6DTD	DTM6FEDD
DTMD04CM	DTMD06PM	DTM6AEDD	DTM6DSMM	DTM6FEYY
DTMD4CTD	DTMD06QM	DTM6AEYY	DTM6DSDD	DTM6FEDT
DTMD04DO	DTMD06RM	DTM6AEDT	DTM6DSYY	DTMD06FG
DTMD04DS	DTMD06SM	DTMD06AG	DTM6DSDT	DTMD06GM
DTMD4DTD	DTMD06TM	DTMD06BM	DTM6DEMM	DTMD6GTD
DTMD05PR	DTMSIGMM	DTMD6BTD	DTM6DEDD	DTM6GSMM
DTMD05AR	DTMSIGDD	DTM6BSMM	DTM6DEYY	DTM6GSDD
DTMD05BA	DTMSIGYY	DTM6BSDD	DTM6DEDT	DTM6GSYY
DTMD05CC	DTMSIGDT	DTM6BSYY	DTMD06DG	DTM6GSDD
DTMD05DO	DTMCMMNT	DTM6BSDT	DTMD06EM	DTM6GSDD
DTMD05DS	DTMD1OTH	DTM6BEMM	DTMD6ETD	DTM6GEMM
DTMD06AO	DTMD2OTH	DTM6BEDD	DTM6ESMM	DTM6GEDD
DTMD06AM	DTMD3OTH	DTM6BEYY	DTM6ESDD	DTM6GEYY
DTMD06BM	DTMD4OTH	DTM6BEDT	DTM6ESYY	DTM6GEDT
DTMD06CM	DTMD5OTH	DTMD06BG	DTM6ESDT	DTMD06GG
				DTMD06HM

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DTMD6HTD	DTMD06KM	DTMD06MG	DTM6PEDT	DTM6SEYY
DTM6HSMM	DTMD6KTD	DTMD06NM	DTMD06PG	DTM6SEDT
DTM6HSDD	DTM6KSMM	DTMD6NTD	DTMD06QM	DTMD06SG
DTM6HSYY	DTM6KSDD	DTM6NSMM	DTMD6QTD	DTMD06TM
DTM6HSDT	DTM6KSYY	DTM6NSDD	DTM6QSMM	DTMD6TTD
DTM6HEMM	DTM6KSDT	DTM6NSYY	DTM6QSDD	DTM6TSMM
DTM6HEDD	DTM6KEMM	DTM6NSDT	DTM6QSYY	DTM6TSDD
DTM6HEYY	DTM6KEDD	DTM6NEMM	DTM6QSDT	DTM6TSYY
DTM6HEDT	DTM6KEYY	DTM6NEDD	DTM6QEMM	DTM6TSDT
DTMD06HG	DTM6KEDT	DTM6NEYY	DTM6QEDD	DTM6TEMM
DTMD06IM	DTMD06KG	DTM6NEDT	DTM6QEYY	DTM6TEDD
DTMD6ITD	DTMD06LM	DTMD06NG	DTM6QEDT	DTM6TEYY
DTM6ISMM	DTMD6LTD	DTMD06OM	DTMD06QG	DTM6TEDT
DTM6ISDD	DTM6LSMM	DTMD6OTD	DTMD06RM	DTMD06TG
DTM6ISYY	DTM6LSDD	DTM6OSMM	DTMD6RTD	DTMINSIG
DTM6ISDT	DTM6LSYY	DTM6OSDD	DTM6RSMM	DTMSIGMM
DTM6IEMM	DTM6LSDT	DTM6OSYY	DTM6RSDD	DTMSIGDD
DTM6IEDD	DTM6LEMM	DTM6OSDT	DTM6RSYY	DTMSIGYY
DTM6IEYY	DTM6LEDD	DTM6OEMM	DTM6RSDT	DTMSIGDT
DTM6IEDT	DTM6LEYY	DTM60EDD	DTM6REMM	DTMCMNT4
DTMD06IG	DTM6LEDT	DTM60EYY	DTM6REDD	DTMB01CC
DTMD06JM	DTMD06LG	DTM60EDT	DTM6REYY	DTMB01CI
DTMD6JTD	DTMD06MA	DTMD060G	DTM6REDT	DTMB1CII
DTM6JSMM	DTMD6MTD	DTMD06PM	DTMD06RG	DTMB1CIII
DTM6JSDD	DTM6MSMM	DTMD6PTD	DTMD06SM	DTMB03OZ
DTM6JSYY	DTM6MSDD	DTM6PSMM	DTMD6STD	DTMB03HM
DTM6JSDT	DTM6MSYY	DTM6PSDD	DTM6SSMM	DTMB03BK
DTM6JEMM	DTM6MSDT	DTM6PSYY	DTM6SSDD	DTMB03BU
DTM6JEDD	DTM6MEMM	DTM6PSDT	DTM6SSYY	DTMCOREV
DTM6JEYY	DTM6MEDD	DTM6PEMM	DTM6SSDT	
DTM6JEDT	DTM6MEYY	DTM6PEDD	DTM6SEMM	
DTMD06JG	DTM6MEDT	DTM6PEYY	DTM6SEDD	