Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 108: Medical History/Outcomes Interview, Subject <= 1 year
Version: C - 03/16/2011

SECTION A: ADMINISTRATIVE INFORMATION

[**INSTRUCTIONS:** DO NOT READ QUESTIONS IN SECTION A TO RESPONDENT]

A1. Study Identification Number:

A2. Study Visit:

A3. Date Interview Completed: *MM/DD/YYYY*

A4. Interview Language:
- ENGLISH **-> SKIP TO A6**
- SPANISH **-> SKIP TO A5**
- OTHER

a. Specify:

	Yes	No	N/A - Coordinator fluent	Other
A5. Was a translator used?				

a. If Other, please specify:

A6. Relationship of person interviewed to subject (check all that apply):
- a. MOTHER:
- b. FATHER:
- c. LEGAL GUARDIAN:
- d. OTHER:
  - i. IF OTHER, SPECIFY:

SECTION B: SUBSPECIALISTS AND SPECIAL SERVICES

	Yes	No	REFUSED	DON'T KNOW	SOURCE PENDING	
B1. Has your child seen a Subspecialist for more than 2 visits?						**-> IF NO, REFUSED, DON'T KNOW, OR SOURCE PENDING, SKIP TO B2**

(Check all that apply)

- a. ALLERGY
- b. AUDIOLOGY
- c. DERMATOLOGY
- d. ENDOCRINOLOGY
- e. EAR NOSE THROAT (ENT) / OTO RHINO LARYNGOLOGY (ORL)
- f. GASTROINTESTINAL
- g. GENERAL SURGERY
- h. GENETICS
- i. HEMATOLOGY
- j. IMMUNOLOGY
- k. INFECTIOUS DISEASE
- l. NEPHROLOGY
- m. NEUROLOGY
- n. NUTRITION/FEEDING
- o. OCCUPATIONAL THERAPY / PHYSICAL THERAPY
- p. OPHTHALMOLOGY
- q. ORTHOPEDICS
- r. PLASTIC SURGERY
- s. PSYCHIATRIST / PSYCHOLOGIST
- t. PULMONOLOGY
- u. RHEUMATOLOGY
- v. SPECIAL EDUCATION
- w. SPEECH
- x. UROLOGY
- y. OTHER
  - i. IF OTHER: Please specify:

B2. Has your child received any of the following services?

	Yes	No	REFUSED	DON'T KNOW	SOURCE PENDING
a. Early Intervention:					
b. Feeding:					
c. Occupational Therapy / Physical Therapy:					
d. Speech:					

	Yes	No	REFUSED	DON'T KNOW	SOURCE PENDING
B3. Has your child had an exam by a geneticist (someone who specializes in birth defects)?	○	○	○	○	○
B4. Has your child had genetic testing?	○	○	○	○	○