

GLUTARIC ACIDEMIA TYPE II INTERVAL

Demographics

Is patient followed by >1 metabolic center? Missing/unknown data, yes, no

If patient is followed by >1 metabolic center note which Metabolic Centers in which States (enter N/A if not applicable)

If patient is followed by >1 metabolic center, did patient grant permission to share data via IBEM-IS between treating metabolic centers? Missing/unknown data, N/A, Yes, No

If deceased, date of death (if N/A enter 01/01/1901)

Follow up status Active, Inactive - Deceased, Inactive - Lost to follow up, Inactive - Moved to another State participating in IBEM-IS, Inactive - Moved to another State not participating in IBEM-IS, Inactive -Refused follow up, Inactive - Treatment deemed not necessary

Socioeconomic Status

Current insurance status Missing/unknown data, commercial/private insurance, military insurance, none (self-pay), State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), Other

Measurements

Weight at this visit (enter 99999 if not measured) (kg)

Height at this visit (enter 99999 if not measured) (cm)

Head circumference (OFC) at this visit (enter 99999 if not measured) (cm)

Past Health History

Date of last outpatient metabolic visit (if unknown enter 01/01/1901)

Has patient had general anesthesia since the last outpatient metabolic visit? Missing/unknown data, yes, no

Has patient had surgical procedure(s) since the last outpatient metabolic visit? Missing/unknown data, yes, no

What type of surgical procedure(s) were done since the last outpatient metabolic visit? If not applicable enter N/A

Complications associated with surgical procedure(s) done since the last outpatient metabolic visit? If not applicable enter N/A

Is there evidence of movement disorder on physical exam done today? Missing/unknown data, yes, no

Is there evidence of myopathy on physical exam done today? Missing/unknown data, yes, no

Does patient report a history of fatigue Since the last outpatient metabolic visit? Missing/unknown data, yes, no

Is there evidence of fatty infiltration of organ(s) since the last outpatient Metabolic visit? CHECK BOXES Missing/unknown data, yes-heart, yes-kidney(s), yes-liver, yes-skeletal muscle, N/A -not assessed, no

Emergency Management	
Patient/primary caregiver knows how to reach the 24 hour on-call contact information for a metabolic provider	Missing/unknown data, yes, no
Patient/primary caregiver currently has a written emergency letter for this disorder?	Missing/unknown data, yes, no
Patient/primary caregiver currently has a sick day plan specific to this disorder?	Missing/unknown data, yes, no
Patient was enrolled in a web-based emergency alert program?	Missing/unknown data, yes - MEMSCIS, yes - other web-based program
Has patient accessed their web-based emergency plan since the last outpatient metabolic visit?	Missing/unknown data, N/A - patient does not have a web-based emergency plan, yes - MEMSCIS, yes - other web-based emergency plan, no
Number of ER visits since last metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,>10
Number of ER visits METABOLIC RELATED since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,>10
Total number of ER visits with NO metabolic decompensation since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,>10
Number of hospital admissions (total) since last metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,>10
Total number of hospital admissions with NO metabolic decompensation since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,>10
Total number of hospital (inpatient) days METABOLIC RELATED since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,11-20,21-30,31-40,41-50, 51-60,>60
Care Coordination	
Other health services received currently	Missing/unknown data, None, Audiology, Behavioral/developmental Pediatrics, Cardiology, Dermatology, Endocrinology, Hematology/oncology, Home health care, Nephrology, Neurology, Neuropsychology, Occupational therapy, Ophthalmology, Orthopedics, Otolaryngology, Physical therapy, Psychiatry, Psychology, Public health nursing, Pulmonology, Respiratory therapy, Speech-language therapy, Transplant evaluation - kidney, Transplant evaluation-heart, Transplant evaluation - liver, Transplant received - kidney(complete Transplant survey now if not previously done), Transplant received - heart(complete Transplant survey now if not previously done), Transplant received-liver(complete Transplant survey now if not previously done), Other
Community resources received currently	Missing/unknown data, none, daycare, family support group related to this IBEM, family support - other, Medical Home, nutritional services (WIC/MAC), personal care attendant (PCA), preschool, Head Start, respite care, social services - county, social services - medical, social services - developmental disability, waived services (CAC/CADI waiver /other waivers), other
Providers seen at this metabolic visit	Dietitian, genetic counselor, neuropsychologist, nurse, nurse practitioner, physician, physician assistant, psychologist, social worker, other (go to next question and explain)

Other providers seen at this metabolic visit(enter N/A if not applicable)

Developmental Assessment

Developmental screening occurred at this visit?	Missing/unknown data, yes, no
Developmental screening tool used at this visit (if screening was done)	Missing/unknown data, N/A - no developmental screening occurred at this visit, Ages and Stages Questionnaire, Ages and Stages - Social/Emotional Questionnaire, Denver (DDST-II), PEDS Questionnaire, provider history, other standardized screening tool
Developmental milestones achieved at this time?	Missing/unknown data, N/A - no developmental screening occurred at this visit, yes, no
If developmental milestone(s) not achieved, which one(s) were not achieved?	Missing/unknown data, N/A - developmental screening occurred at this visit and all developmental milestones were achieved, N/A - no developmental screening occurred at this visit, Cognitive, Fine motor, Gross motor, Social-emotional, Speech-language
If developmental milestones were not achieved, was patient referred for further developmental evaluation?	Missing/unknown data, N/A - all milestones achieved, N/A - no developmental screening occurred at this visit, yes, no
Was neuropsychological evaluation done since last outpatient metabolic visit? (If yes, complete Neuropsych Survey)	Missing/unknown data, Yes, No
Overall neuropsychological testing impression (from most recent neuropsych evaluation)	Missing/unknown data, N/A - no neuropsych evaluation has been done on this patient, above average, average, below average
Are behavioral concerns suspected at this time?	Missing/unknown data, Yes (go to next question and explain), No
If behavioral concerns are suspected at this time, explain (enter N/A if no behavioral concerns suspected)	
If behavioral concerns are suspected at this time, was patient referred for further evaluation?	Missing/unknown data, N/A - no behavioral concerns suspected, Yes - to behavioral pediatrics, Yes - to neuropsychologist, Yes - to psychiatrist, Yes - to psychologist, Yes - to therapist/counselor, Yes - to other, No
Education	
Was patient referred for Special Education evaluation at this time?	Missing/unknown data, yes, no
Are Special Educational services received by this patient currently?	Missing/unknown data, yes - IEP/IFSP, yes - 504 plan, yes - other, no
Special Educational services are received currently: age (in years) child qualified for services?	Missing/unknown data, N/A - no Special Ed services are currently received, N/A - patient is >21 years old, <1, >1-2, >2-3, >3-4, >4-5, 6-10, 11-17, 18+
Reason Special Educational services are received currently?	Missing/unknown data, N/A (no Special Ed services are currently received), cognitive disability, fine motor disability, gross motor disability, learning disability, social-emotional disability, speech-language disability, other health impaired (OHI), other
Home Monitoring	
Patient does home monitoring.?	Missing/unknown data, NO, Yes-uses glucometer to check glucose, Yes - has

glucometer but doesn't use it, yes - uses urine
dipstick for myoglobin/blood

Frequency of home monitoring	Missing/unknown data, N/A, only when symptomatic, routinely
Patient has a prescribed glucometer for this IBEM for home glucose monitoring?	Missing/unknown data, yes, no
Number of home monitoring glucose samples reported since last outpatient metabolic visit (enter 99999 if N/A)	
Lowest reported glucose on home monitoring samples since last outpatient metabolic visit (if N/A enter 99999)	(mg/dL)

Frequency of home urine dipstick (myoglobin/blood) monitoring?	Missing/unknown data, urine dipsticks not done, only when symptomatic, routinely
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Number of home monitoring urine Per Visit
myoglobin/blood samples reported since
last outpatient metabolic visit (if N/A
enter 99999)

Urine myoglobin/blood detected on Per Visit home monitoring since last outpatient metabolic visit?	Missing/unknown data, N/A, yes, no
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Laboratory Studies

Enzyme assay (specific to this IBEM) done at this visit?	Missing/unknown data, no, yes - abnormal, yes - normal, yes - non-diagnostic
Fatty acid oxidation probe assay done at this visit?	Missing/unknown data, no, yes - abnormal, yes - normal, yes - non-diagnostic
Molecular testing: Common or targeted mutation panel done at this visit(enter specific mutation(s) on Intake Survey)?	Missing/unknown data, no, yes - abnormal: compound heterozygote, yes - abnormal: homozygote, yes - abnormal: simple heterozygote, yes - alteration(s) of unknown significance detected, yes but no mutations were detected
Molecular testing: Full sequencing done at this visit(enter specific mutation (s) on Intake Survey)?	Missing/unknown data, no, yes - abnormal: compound heterozygote, yes - Presumed compound heterozygote – 2nd mutation not identified, yes - abnormal: homozygote, yes - abnormal: simple heterozygote, yes - alteration (s) of unknown significance detected, yes but no mutations were detected
Western blot (specific to this IBEM) done at this visit?	Missing/unknown data, Not done, <20%, >=20%<50%, >=50%
Documented hypoglycemia (blood glucose <60 mg/dL) since the last outpatient metabolic visit?	Missing/unknown data, glucose not measured, yes (answer next question), no
Lowest blood glucose value since last outpatient metabolic visit (enter 99999 if not measured)	(mg/dL)
Highest CK since last outpatient metabolic visit (if N/A enter 99999)	
Documented hyperammonemia since last outpatient metabolic visit?	Missing/unknown data, ammonia not measured, yes (answer next question), no
If hyperammonemic since last outpatient metabolic visit, highest value (if N/A enter 99999)	
Lab tests chemistry collected at this visit	Missing/unknown data, none, ABG-WNL, ABG-Abn, Anion Gap-WNL, Ammonia – WNL,

Ammonia – Abn, Anion Gap-Abn, Ca⁺⁺-WNL, Ca⁺⁺-Abn, Cl-WNL, Cl-Abn, CO₂-WNL, CO₂-Abn, Gluc-WNL, Gluc-Abn, K⁺-WNL, K⁺-Abn, LDH - WNL, LDH - Abn, Magnesium - WNL, Magnesium - Abn, Na⁺-WNL, Na⁺-Abn, Phosphorus - WNL, Phosphorus - Abn, Total Cholesterol(fasting) - WNL, Total Cholesterol (fasting) - Abn, Total Cholesterol(random) - WNL, Total Cholesterol(random) - Abn, Uric Acid - WNL, Uric Acid - Abn, Other

Lab tests hematology collected at this visit Missing/unknown data, none, Fibrinogen - WNL, Fibrinogen - Abn, Hct-WNL, Hct-Abn, Hgb-WNL, Hgb-Abn, INR-PTT - WNL, INR-PTT - Abn, Peripheral blood smear - WNL, Peripheral blood smear - Abn, Plat-WNL, Pit-Abn, RBC-WNL, RBC-Abn, WBC-WNL, WBC-Abn, Other

Lab tests liver function collected at this visit Missing/unknown data, none, Albumin-WNL, Albumin-Abn, AlkPhos-WNL, AlkPhos-Abn, ALT-WNL, ALT-Abn, AST-WNL, AST-Abn, direct bili-WNL, direct bili-Abn, GGT - WNL, GGT - Abn, Globulin - WNL, Globulin - Abn, prealbumin-WNL, prealbumin-Abn, total bili-WNL, total bili-Abn, Total Protein - WNL, Total Protein - Abn, Other

Lab tests renal function collected at this visit Missing/unknown data, none, BUN-WNL, BUN-Abn, Cr-WNL, Cr-Abn, 24-hour creatinine clearance-WNL, 24-hour creatinine clearance-Abn, Nuclear Medicine GFR-WNL, Nuclear Medicine GFR-Abn, Other

Lab tests miscellaneous collected at this visit Missing/unknown data, none, BNP-WNL, BNP-Abn, CK-WNL, CK-Abn, CRP-WNL, CRP-Abn, ESR-WNL, ESR-Abn, ferritin-WNL, ferritin-Abn, transferrin-WNL, transferrin-Abn, TSH-WNL, TSH-Abn, T4 (free)-WNL, T4 (free)-Abn, T4(total)-WNL, T4(total)-Abn, UA-WNL, UA-Abn, Zinc-WNL, Zinc-Abn, Other (go to next question and explain)

Lab tests other general (indicate type and if WNL or Abn) collected at this visit, enter N/A if not applicable

Biochemical testing specific to this IBEM collected at this visit.

Missing/unknown data, not done,

Ammonia-WNL, Ammonia-Abn,

Bloodspot acylcarnitines-WNL,

bloodspot acylcarnitines-Abn, B-type

Natriuretic Peptide (BNP)-WNL, B-type

Natriuretic Peptide (BNP)-Abn, CK-WNL,

CK-Abn, plasma CoQ10 level – WNL, plasma CoQ10 level-Abn low, plasma acylcarnitines-WNL, plasma

acylcarnitines-Abn, plasma amino acids-WNL, plasma amino acids-Abn,

plasma carnitine levels-WNL, plasma carnitine levels-Abn Low,

plasma essential fatty acids -WNL, plasma essential fatty acids -Abn,

urine acylglycines –WNL,

urine acylglycines –Abn, urine myoglobin-WNL, urine

myoglobin-Abn, urine organic acids-WNL,

urine organic acids-Abn, Other (go to next

question and explain)

Other biochemical testing specific to this IBEM (indicate type and if WNL or Abn) collected at this visit, enter N/A if not applicable

Imaging Studies

Abdominal imaging done since last outpatient metabolic visit?

Missing/unknown data, no, yes-abdominal

CT-WNL, yes-abdominal CT-Abn,

yes-abdominal MRI-WNL, yes-abdominal

MRI-Abn, yes-abdominal ultrasound-WNL,

yes-abdominal ultrasound-Abn,

Yes-Abdominal x-ray-WNL, Yes-Abdominal

x-ray-abn

Cardiac imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-chest x-ray-WNL, yes-chest x-ray-Abn, yes-echocardiogram-WNL, yes-echocardiogram-Abn, yes-EKG-WNL, yes-EKG-Abn, yes-stress test-WNL, yes-stress test-Abn
Musculoskeletal imaging done since last outpatient metabolic visit?	Missing/unknown data, No, Yes-bone x-rays-WNL, Yes-bone x-rays-Abn, Yes-EMG-WNL, Yes-EMG-Abn
Neurological imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-cranial ultrasound-WNL, yes-cranial ultrasound-Abn, yes-EEG-WNL, yes-EEG-Abn, yes-head CT-WNL, yes-head CT-Abn, yes-head MRI-WNL, yes-head MRI-Abn
Is there evidence of abnormal myelination on CNS imaging since last outpatient visit?	Missing/unknown data, no, yes, N/A - imaging not done
Is there evidence of basal ganglia injury on CNS imaging done since last outpatient metabolic visit?	Missing/unknown data, N/A -imaging not done, no, yes
Is there evidence of bat-wing appearance / widened sylvian fissures on CNS imaging done since last outpatient metabolic visit?	Missing/unknown data, N/A – imaging not done, no, yes
Is there evidence of leukodystrophy on imaging done since last outpatient metabolic visit?	Missing/unknown data, N/A – imaging not done, no, yes
Is there evidence of cerebral cortex dysplasia on CNS imaging done since last outpatient metabolic visit?	Missing/unknown data, N/A – imaging not done, no, yes
Renal/pelvic/genital imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-genitogram-WNL, yes-genitogram-Abn, yes-nuclear medicine DMSA renogram-WNL, yes-nuclear medicine DMSA renogram-Abn, yes-pelvic ultrasound-WNL, yes-pelvic ultrasound-Abn, yes-renal ultrasound-WNL, yes-renal ultrasound-Abn, yes-testicular ultrasound-WNL, yes-testicular ultrasound-Abn, yes-VCUG-WNL, yes-VCUG-Abn
Other imaging (indicate type of imaging and if WNL or Abn) done since last outpatient metabolic visit?, enter N/A if not applicable	
Pharmacotherapy	
Have glucose paste/gel/tablets been prescribed to this patient for this IBEM?	Missing/unknown data, yes, no
If glucose paste/gel/tablets are prescribed for this IBEM, number of times patient has used them since the last outpatient metabolic visit	N/A - not prescribed, 0,1,2,3,4,5,6,7,8,9,10, >10, Missing/unknown data
Is L-carnitine prescribed?	Missing/unknown data, yes, no
If on L-carnitine, dose prescribed(enter 99999 if N/A)?	(mg/kg/day)
If on L-carnitine, route prescribed?	Missing/unknown data, N/A – not prescribed, feeding tube, oral, IV
If on L-carnitine, frequency prescribed?	Missing/unknown data, N/A – not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other
Patient/primary caregiver reports L-carnitine is taken as prescribed?	Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)

If L-carnitine is not taken as prescribed, reason given (enter N/A if not applicable)?

Method of payment for L-carnitine, if prescribed
Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other

Is riboflavin prescribed? Missing/unknown data, yes, no

If on riboflavin, dose prescribed (enter 99999 if N/A)? (mg/day)

If on riboflavin, route prescribed? Missing/unknown data, N/A – not prescribed, feeding tube, oral

If on riboflavin, frequency prescribed? Missing/unknown data, N/A – not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other

Patient/primary caregiver reports riboflavin is taken as prescribed? Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)

If riboflavin is not taken as prescribed, reason given (enter N/A if not applicable)?

Method of payment for riboflavin, if prescribed
Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other

Is glycine prescribed? Missing/unknown data, yes, no

If on glycine, dose prescribed (enter 99999 if N/A)? (mg/kg/day)

If on glycine, route prescribed? Missing/unknown data, N/A – not prescribed, feeding tube, oral, IV

If on glycine, frequency prescribed? Missing/unknown data, N/A – not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other

Patient/primary caregiver reports glycine is taken as prescribed? Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)

If glycine is not taken as prescribed, reason given (enter N/A if not applicable)?

Method of payment for glycine, if prescribed
Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other

Is sodium-D, L-3-hydroxybutyrate prescribed? Missing/unknown data, yes, no

If on sodium-D, L-3-hydroxybutyrate, dose prescribed (enter 99999 if N/A)? (mg/kg/day)

If on sodium-D, L-3-hydroxybutyrate, route prescribed? Missing/unknown data, N/A – not prescribed, feeding tube, oral, IV

If on sodium-D, L-3-hydroxybutyrate, frequency prescribed?	Missing/unknown data, N/A – not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other
Patient/primary caregiver reports sodium-D, L-3-hydroxybutyrate is taken as prescribed?	Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)
If sodium-D, L-3-hydroxybutyrate is not taken as prescribed, reason given (enter N/A if not applicable)?	
Method of payment for sodium-D, L-3-hydroxybutyrate, If prescribed	Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other
Other medications (see optional DocSite detailed medication survey also)	Missing/unknown data, none, Ammonul, analgesics, antacids, antianxiety, antibiotics, anticoagulants/thrombolytics, anticonvulsants, antidepressants, antiemetics, antifungals, antivirals, antihistamines, antihypertensives, antiinflammatories, antipsychotics, antipyretics, aromatase inhibitor, biophosphonates, bronchodilators, contraceptives - oral, contraceptives - injections, corticosteroids, diuretics, estrogen, GnRH analog, growth hormone, immunosuppressives, insulin, insulin sensitizers, iron, laxatives, manitol, progesterone, sleeping medications, testosterone, vitamins, other
Nutrition	
What type(s) of milk/formula is patient taking?	Missing/unknown data, None, Baby formula (regular), Baby formula (soy), Breastmilk, Rice milk, Skim milk, 1% milk, 2% milk, Soy milk, Special metabolic formula, Toddler formula (regular), Toddler formula (soy), Whole milk, Other
Is cornstarch prescribed?	Missing/unknown data, yes, no
If on cornstarch, dose prescribed(enter 99999 if N/A or unknown)?	(grams/kg/dose)
If on cornstarch, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral
If on cornstarch, frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other
Patient/primary caregiver reports cornstarch is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, yes - only when ill, no (0 days/week)
If cornstarch is not taken as prescribed, reason given(enter N/A if not applicable)?	
Is patient prescribed a fat restricted diet?	Missing/unknown data, yes, no
If patient is prescribed a fat restricted diet, prescribed % of total kcal/24 hours from fat (enter 99 if N/A)	(% of total kcal/24 hours as fat)
If patient is prescribed a fat restricted diet, prescribed fat grams/day from FOODS per day(enter 99999 if N/A)	(grams/day)

If patient is prescribed a fat restricted diet, patient/primary caregiver reports adherence?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)
Specific information given to avoid fasting?	Missing/unknown information, yes, no
Longest interval permitted between feedings in well state during DAY (in hours)	Missing/unknown information, no fasting restriction given, 1,2,3,4,5,6,7,8,9,10,11,12
Longest interval permitted between feedings in well state during NIGHT (in hours)	Missing/unknown information, no fasting restriction given, 1,2,3,4,5,6,7,8,9,10,11,12
Is patient prescribed a protein restricted diet?	Missing/unknown data, yes, no
If patient is prescribed a protein restricted diet, prescribed protein grams/day from foods - not including metabolic formula (enter 99999 if N/A)	(grams/day)
If protein restricted diet (from foods, not including metabolic formula) is prescribed and followed 0 or 1-3 days/week, reason given (enter N/A if not applicable)	
Is patient prescribed low protein foods?	Missing/unknown data, yes, no
Method of payment for low protein foods, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), Other
If on special metabolic formula, name(s) of formula(s), enter N/A if not applicable	
If prescribed metabolic formula, amount of protein prescribed from metabolic formula per day (enter 99999 if N/A):	(grams/day)
If prescribed metabolic formula – prescribed fat grams from FORMULA per day (enter 99999 if N/A)	(grams/day)
Patient/primary caregiver reports metabolic formula is taken as prescribed?	Missing/unknown data, N/A-not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)
If metabolic formula is prescribed and not taken as prescribed, reason given? (enter N/A if not applicable)	
Method of payment for metabolic formula, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill prescription, self-pay, State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), WIC, Other
If other nutritional supplementation is taken (explain), enter N/A if not applicable.	
Patient uses feeding device (NG tube,	Missing/unknown data, yes, no

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G tube, GJ tube)?

Additional nutritional comments? (enter
N/A if not applicable)

Other

Other Comments