

<h2 style="text-align: center;">Stroke in Australian Children Under 2 Years of Age – Follow-up</h2> <p style="text-align: center;">Australian Paediatric Surveillance Unit</p> <p>Please contact the APSU (02) 9845 3005 or SCHN-APSU@health.nsw.gov.au if you have any questions about this form</p> <p><i>Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.</i> <i>DK = Don't Know; NA = Not Applicable</i></p>	APSU Office Use Only	
	Study ID #:	
	Month/Year:	
	Version 1.3_26.08.2019	

This study is a follow-up to the cases of stroke that you have previously reported.
Please include de-identified reports not already supplied with the initial questionnaire.

REPORTING CLINICIAN'S DETAILS:

1. APSU Dr Code/Name: ____ / _____

PATIENT DETAILS (of the child reported in the previous study)

2. First 2 letters of first name: ____ 3. First 2 letters of surname: ____ 4. Postcode of family: ____

5. Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

INVESTIGATIONS FOR STROKE (THIS CHILD)

6. Placental pathology: Please attach de-identified report, if available.

7. Brain Imaging: Please attach de-identified Brain imaging reports:

(a) MRI

(b) CT

(c) Head US reports

8. EEG: Please attach de-identified EEG report.

INVESTIGATIONS FOR STROKE (MOTHER AND CHILD)

9(a). (i) Any hypercoagulable disorder, platelet aggregation disorder and/or haematological abnormality (mother): ☐ Yes ☐ No ☐ DK

If Yes, specify: _____

9(b). (i) Any hypercoagulable disorder, platelet aggregation disorder and/or haematological abnormality (child): ☐ Yes ☐ No ☐ DK

If Yes, specify: _____

FOLLOW-UP (THIS CHILD)

10. Paediatrician/Neonatologist/Allied health professional/General Movements/HINEs/Growth & Development follow up: Please attach de-identified report(s) - please ensure the date of report is visible.

OUTCOME (THIS CHILD)

11(a). Outcome of the child? ☐ Alive ☐ Deceased ☐ DK

11(b). If deceased, date of death: ____ / ____ / ____ (dd/mm/yyyy)

11(c). Did the alive or deceased child have any neurological deficits at the time of last review? ☐ Yes ☐ No ☐ DK

If yes, specify: _____

Thank you for your help with this research project.

Please return this questionnaire to the APSU via email to SCHN-APSU@health.nsw.gov.au or fax to 02 9845 3082

or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division)

and Faculty of Medicine and Health, The University of Sydney.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.