

Congenital Rubella Questionnaire
Australian Paediatric Surveillance Unit.

Please ring A/Prof Cheryl Jones on (02) 9845 1902 if you wish to discuss this questionnaire.

REPORTING CLINICIAN

1. APSU Dr Code/Name /..... 2. Month/Year of Report /.....
3. Date questionnaire completed / /

PATIENT

4. First 2 letters of first name 5. First 2 letters of surname
6. Date of Birth / /
7. Sex M F 8. Post code
9. Date of diagnosis: Day/ month/ year
10. Country of Birth: Australia Other specify _____ Don't know
11. Mother's country of birth Australia Other specify _____ Don't know
12. Father's country of birth Australia Other specify _____ Don't know
13. Is the child of Aboriginal or Torres Strait Islander origin Yes No Don't know

If this patient is primarily cared for by another physician whom you believe will report the case, please write the other physician's name and complete questionnaire details above this line and return.
If no other report is received for this child we will contact you for further information.
Please keep the patient's name and other details on your APSU file.

*The primary clinician caring for this child is: **Name** **Hospital:***

*Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.
DK= Don't Know, NA = Not applicable*

Patient's clinical details

14. Birth weightgrams
15. Gestational age at birthweeks
16. a. Were there neonatal signs? Yes No DK
b. If yes, please specify
17. a. Congenital rubella defects present Yes No DK
b. If yes, please specify
18. Failure to thrive? Yes No DK
19. a. Deafness? unilateral bilateral No DK
b. Severity of hearing impairment mild moderate severe NA
20. a. Congenital heart disease Yes No DK
b. If yes, please specify
21. Cataracts? unilateral bilateral No DK
22. Retinopathy? Yes No DK
23. Developmental delay? mild moderate severe No DK NA
24. Please specify any other defect (s)?
25. Laboratory confirmation of congenital rubella? Serology IgM + ve virus isolated DK Not done
26. a. Is the patient still living? Yes No DK
b. If not, what was the date of death? Day/ month/ year

Family and pregnancy

27. a. If you do not know the answers to the following questions, is there another medical practitioner from whom we could obtain this information? Yes No DK
b. Could you please provide the name and address of patient's obstetrician or general practitioner to whom we could send a questionnaire?
28. Mother's age when this child was born (in years) years
29. Affected child's rank in family (eg 1 of 3, 2 of 4, 1 of 1) ___ of ___
30. a. Did mother have rubella contact in pregnancy? Yes No DK
b. If yes, state stage of pregnancy in weeks from LMP weeks
c. Was this contact living in the same household? Yes No DK
31. a. Did mother have a rubella-like illness WITH RASH in pregnancy? Yes No DK
b. If yes, state stage of pregnancy in weeks from LMP weeks
32. a. Did mother have a rubella-like illness WITHOUT RASH in pregnancy? Yes No DK
b. If yes, state stage of pregnancy in weeks from LMP weeks
33. a. Has there been serological confirmation of rubella in pregnancy? Yes No DK
b. Give dates and test results if possible
34. What is the mother's ethnic background?..... Don't know
35. What is the father's ethnic background?..... Don't know

Mother's rubella vaccination history

36. Had mother been vaccinated for rubella? Yes No DK
37. Was mother vaccinated in the schoolgirl program? Yes No DK
38. Had mother received MORE than one vaccination for rubella prior to this pregnancy? Yes No DK
39. Had mother had a positive rubella antibody titre documented prior to this pregnancy? Yes No DK
40. If mother NOT vaccinated, do you know why she was not vaccinated? (eg thought she had had rubella, was not living in Australia, asthma etc)

Please return this questionnaire in the addressed reply-paid envelope to A/Prof Cheryl Jones, The Perinatal Infection Research Unit, c/- The Clinical School, The Children's Hospital at Westmead, Locked Bag 4001, Westmead NSW 2145, F:02 9845 3389

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.