## Epidemiological/Clinical Questionnaire

### SECTION A:

1. **Initials of child** (First 2 letters of first name, first 2 letters of last name)  
2. **Post-code of child’s home address**  
3. **Date of birth**  
4. **Sex**  
   - M
   - F
5. **Country of birth:**  
6. **Patient’s ethnic group (please circle appropriate)**  
   - European  
   - Indian continent (India, Pakistan, Bangladesh)  
   - Aboriginal  
   - Other Asian (Please specify):  
   - Afrocaribbean  
   - Mixed (Please specify):  
   - Chinese  
   - Other (Please specify):  
   - Japanese  
   - Not Known  
   - Lebanese

### SECTION B: History, clinical and laboratory features of Kawasaki Disease (KD) (please tick boxes appropriately)

1. **Date of onset of first symptom**  
2. **Date of diagnosis**  
3. **Date of admission to hospital**  
4. **Was/were there?**
   - a) Fever  
     - Yes  
     - No  
     - Unknown  
     - If YES, please give total duration (even if intermittent) ………weeks. ………days  
   - b) Conjunctival injection  
     - Yes  
     - No  
     - Unknown  
   - c) Oral changes  
     - Yes  
     - No  
     - Unknown  
   - d) Changes in extremities or napkin area (redness, oedema, desquamation)  
     - Yes  
     - No  
     - Unknown  
   - e) Rash  
     - Yes  
     - No  
     - Unknown  
     - If YES please describe  
   - f) Cervical lymphadenopathy  
     - ≤ 1.5 cm diameter  
     - Yes  
     - No  
     - Unknown  
     - > 1.5 cm diameter  
     - Yes  
     - No  
     - Unknown  
     - or size not known  
     - Yes  
     - No  
     - Unknown  
   - g) Respiratory symptoms eg cough, stridor  
     - Yes  
     - No  
     - Unknown  
     - If YES, please specify  
   - h) Other symptoms eg diarrhoea  
     - Yes  
     - No  
     - Unknown  
     - If YES, please specify  
5. **Positive microbiological findings**  
   - Yes  
   - No  
   - Unknown  
   - If YES, please specify
6. Elevated platelet count
   - Yes
   - No
   - Unknown
   Please give highest count

7. Raised ESR
   - Yes
   - No
   - Unknown
   Please give highest value

8. Raised white cell count
   - Yes
   - No
   - Unknown
   Please give highest count

9. Were there?
   a) Cardiac complications
      - Yes
      - No
      - Unknown
      If YES, please specify
   b) Non-cardiac complications
      - Yes
      - No
      - Unknown
      If YES, please specify

10. Treatment given
    a) Aspirin (high-dose)
        - Yes
        - No
        - Unknown
    b) Aspirin (low dose)
        - Yes
        - No
        - Unknown
    c) Steroids
        - Yes
        - No
        - Unknown
    d) Other drugs
        - Yes
        - No
        - Unknown
    If yes please specify

    e) Number of doses of gammaglobulin given (if used) ________
    Dosage of gammaglobulin (if used)
    - 0.4mg/kg
    - 1mg/kg
    - 2mg/kg
    - Other
    Date of first dose of gammaglobin
    Name of preparation of gammaglobulin (if used)
    Did fever resolve within 48 hours of last dose of gammaglobin?
    - Yes
    - No
    - N/A
    f) Other management (please specify)

11. Outcome
    11. Outcome: full recovery
        - recovery with sequelae*
        - died
        - not known
    * Please specify

12. Date of discharge
    Name of consultant paediatrician(s)

13. Please provide any additional information you think may be important including results of laboratory tests, physical findings or epidemiological information

Name(s) of consultant paediatrician(s)
Name of person completing form

THANK YOU VERY MUCH FOR COMPLETING THIS FORM. PLEASE RETURN TO A/PROF DAVID ISAACS IN THE REPLY PAID ENVELOPE