

**AUSTRALIAN PAEDIATRIC SURVEILLANCE UNIT
KAWASAKI DISEASE SURVEILLANCE SCHEME**

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)
- | | |
|--|---|
| <input type="checkbox"/> European | <input type="checkbox"/> Indian continent (India, Pakistan, Bangladesh) |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Other Asian (Please specify): _____ |
| <input type="checkbox"/> Afrocaribbean | <input type="checkbox"/> Mixed (Please specify): _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> 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
If YES please specify _____
- 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 gammaglobin (if used) 0.4mg/kg 1mg/kg 2mg/kg Other
Date of first dose of gammaglobin / /
Name of preparation of gammaglobin (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 / /
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 _____ Date: / /

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