Please File For Your Information

Australian Paediatric Surveillance Unit

IDIOPATHIC & CONGENITAL NEPHROTIC SYNDROME - Initial Questionnaire

Please ring Dr Elisabeth Hodson on 02 9845 3430 if you have any problems with this questionnaire.

REPORTING CLINICIAN

	Name		2. A	PSU Dr. Code		
4. 5. 6. 7.	First 2 letters of first name First 2 letters of surname Date of Birth: Sex Postcode	day M F	month	year		
rep que you	his patient is primarily cared for by ort the case, then there is no n estionnaire at this stage. Please ke our records. If no other report is reco	eed to	complete patient's	te the remainden name and other	er of this details in	
9.	Date of diagnosis	day	month	year		
MO	THER					
10.	Country of birth: If other please specify:			New Zealand		
	If born in Australia is she an	Aboriginal		Torres Strait Islander		
	If born in New Zealand is she a Maori Pacific Islander Country of origin: (eg. if she was born in Fiji but the ancestral line originated from India, then the country of origin is India)					
FA	THER					
11.	Country of birth: If other please specify:			New Zealand		
	If born in Australia is he an		original	Torres Strait Islander		
	If born in New Zealand is he a Country of origin: (as above)			Pacific Islander		
12.	Language spoken at home:					
13.	Occupation of mother: Occupation of father:					
14.	Status at presentation: (Please record the first measurement) Creatinine					
15.	Case definition at presentation: (tick a		-	enhrotic syndrome	Δ	

ONLY COMPLETE THIS SECTION (Q 16 - 22) IF YOU HAVE NOTIFIED A CASE OF IDIOPATHIC NEPHROTIC SYNDROME

IF YOU HAVE NOTIFIED A CASE OF **CONGENITAL NEPHROTIC SYNDROME** ONLY COMPLETE THE QUESTIONS (Q 23 - 26) ON THE REVERSE SIDE OF THIS PAGE

<u>I re</u>	atment at diagnosis						
16.	. Corticosteroid treatment:		Prednisone Prednisolone Other: please specify:				
			Total dose:		mg/day mg/kg/o mg/m²/	day c	or or
	Number of doses/day:						
	Planned duration of daily stero	oids:	weeks	or	until	remis	ssion
17.	Antibiotic prophylaxis: If antibiotic prophylaxis was us	Yes sed, spec	No cify antibiotic	:			
18.	Aspirin prophylaxis	Yes	No				
19.	Albumin infusions	Yes	No				
20.	Diuretics	Yes	No				
21.	Was pneumococcal vaccinatio	n given	to patient?	Ye	es	No	
	If yes, was the child nephrotic when vaccina Was the child receiving steroids when vaccin			Ye	es	No	
	Daily Alternate	days	Non	е			
22.	Are there any relatives with idi If yes:	opathic ı	nephrotic syn	ndrome′	?	Yes	No
	Was it responsive to steroids?		Υe	es	No	No	t known
	Was renal pathology available If yes, please specify Relationship of affected relativ			es	No		Not known

Please return this questionnaire in the addressed reply-paid envelope.

Thank you for your help with this research project.

ONLY COMPLETE THIS SECTION IF YOU NOTIFIED A CASE OF **CONGENITAL NEPHROTIC SYNDROME**

23. Family history:- Are the parents consanguineous? Have any relatives been affected with the same condition?	Yes Yes	No No	Not known Not known		
If yes, please specify:					
	gestive diagnostic indicators in the antenatal period:-				
Ultrasound	Yes	No	Not known		
High α - feto protein levels	Yes	No	Not known		
Presence of polyhydramnios	Yes	No	Not known		
25. Condition of the child at birth:-					
Gestational age	weeks				
Birth weight		grams			
Placental weight		grams	Not known		
Congenital infection	Yes	No	Not known		
If yes, please specify:					
Other congenital abnormalities			Not known		
If yes, please specify:					
26. Treatment following diagnosis:-					
Antibiotic prophylaxis	Yes	No			
Aspirin prophylaxis	Yes	No			
Albumin infusions	Yes	No			
Immunoglobulin infusions	Yes	No			
Diuretics	Yes	No			
Thyroxine	Yes	No			
ACE inhibitors	Yes	No			
NSAIDS	Yes	No			
Anticoagulants (eg:-warfarin)	Yes	No			
Corticosteroids	Yes	No			
Pneumococcal vaccine	Yes	No			
Other	Yes	No			
If yes, please specify					

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