SUBDURAL HAEMATOMA AND EFFUSION in children < 2 years
TWELVE MONTHS FOLLOW-UP QUESTIONNAIRE
Australian Paediatric Surveillance Unit
Please contact Dr SUSAN MARKS (02) 9845-2434; susanm1@chw.edu.au or APSU (02) 98453005; apsu@chw.edu.au if you have any questions about this form. Please keep a record of the child's unit number in your APSU folder.

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK=Don’t Know

REPORTING CLINICIANS DETAILS
1. APSU Dr Code/Name: ____________________________ 2. Month/Year of Report: _______ / _______

PATIENT DETAILS
3. First 2 letters of first name: __________ 4. First 2 letters of surname: __________
5. Date of Birth: __________ / __________ / __________ 6. Sex: □ M □ F
7. Postcode of family: __________ / __________ / __________ 8. Date of diagnosis: __________ / __________ / __________

Date this follow-up questionnaire completed: __________ / __________ / __________

Please complete all of the questions below according to information you have on this child. If this patient is now primarily cared for by another physician who you believe has follow-up information and could provide additional details, please write the other physician’s name in the space below. We will contact this physician for additional information.

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

9. Is the child alive? □ Yes □ No □ DK □ If No, Date of death: __________ / __________ / __________
10. If Yes, Where is the child currently residing? □ Still in hospital □ In a care facility (specify): ____________________________
□ Mother □ Father □ Mother and father □ Mother and partner □ Father and partner
□ Relatives (specify): ____________________________________________ □ Foster family
□ Other: ______________________________________________________ □ Unknown

11. Are there any other medical problems that are apparent now, that were not reported in the first questionnaire for this child? □ Yes □ No □ DK
□ If Yes, please specify:

12. Are there any newly identified medical problems thought to be specifically related to the SDH/E
□ Neurological problems? □ Yes □ No □ DK □ If Yes, specify: ____________________________
□ Developmental concerns? □ Yes □ No □ DK □ If Yes, specify: ____________________________
□ Problems with vision? □ Yes □ No □ DK □ If Yes, specify: ____________________________
□ Required further neurosurgery? □ Yes □ No □ DK □ If Yes, specify: ____________________________
□ Any other problems? □ Yes □ No □ DK □ If Yes, specify: ____________________________

13. What was the final identified cause of the SDH (or effusion) diagnosed six months ago for this child?
□ Birth injury □ Accidental injury (please specify mechanism) ____________________________
□ Suspected inflicted injury ____________________________
□ Other medical cause (please specify): ____________________________

If the SDH/E was not due to suspected inflicted injury, no need to answer any more questions. Thank you

If the final medical diagnosis was suspected inflicted injury:

14. How certain is the diagnosis now at six months after presentation? □ Definite □ Probable □ Possible
If definite, based on which of the following: □ Admission by perpetrator □ Information from family
□ Statutory child protection investigation □ Police investigation □ Medical findings
□ Other: ____________________________

15. Is the statutory child protection agency still involved in the child’s care? □ Yes □ No □ DK

16. Have court proceedings commenced? □ Yes □ No □ DK □ If Yes, □ Criminal court □ Children’s court

Thank you for your help with this research project.

Please return this questionnaire to the APSU in the reply-paid envelope or FAX to 02 98453082
Australian Paediatric Surveillance Unit, Kid’s Research Institute, Locked Bag 4001, Westmead NSW 2145

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