

**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): _____

Living with: 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

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