

MUNCHAUSEN BY PROXY SYNDROME – Questionnaire  
Australian Paediatric Surveillance Unit

Please ring Ms Donna Rose on 02 9845 2200 if you have any problems with this questionnaire.

REPORTING CLINICIAN

1. Name.....  
2. APSU Dr. Code  3. Month/Year of Report ...../.....

PATIENT

4. First 2 letters of first name  5. First 2 letters of surname   
6. Date of Birth :  /  /   
7. Sex M  F  8. Postcode

If this patient is primarily cared for by another physician who you believe will report the case then there is no need at this stage to complete the remainder of this questionnaire. Please return the questionnaire and keep the patient's name and other details in your records. If no other report is received for this child we will contact you for further information.

DIAGNOSIS

9. Have you been involved with this child as a  
 General Paediatrician  Subspecialist (please specify) .....  
 Other (please specify).....  
10. Date of first ever consultation with this child (related or unrelated to MBPS):  
 /  /   
11. Date first consultation with symptoms ultimately attributed to a diagnosis of MBPS:  
 /  /   
12. Date MBPS first suspected:  /  /   
On what basis did you suspect MBPS? .....  
.....  
.....  
13. Has the diagnosis of MBPS been confirmed?  Yes  No  DK\*  
If yes, date MBPS confirmed  /  /   
On what basis was the diagnosis confirmed?.....  
.....

PRESENTATION

14. What was the symptom complex or condition [diagnosis] being fabricated/induced in this child?  
.....  
15. Is this a case of MBPS on the basis of:  
 Exaggeration, fabrication of symptoms in a child **not previously known to have this problem**  
 Exaggeration, fabrication of symptoms in a child **with this problem previously diagnosed**  
 Tampering with laboratory specimens or charts  
 Suffocation  
 Poisoning, please specify medication or agent used .....  
 Inducing infection eg. By ingestion or wound contamination  
 Failure to give child prescribed medication, please specify.....  
 Other type, please specify.....

\*DK = Don't know

17. Perpetrator of MBP?  Mother  Father  Both parents  DK  
 Other, please specify.....

18. Profession of perpetrator(s) please specify .....

.....

**RELEVANT HISTORY**

19. Has this child or any other child in this family had a prior notification to Community Services?  
**Child:**  Yes  No  DK **Sibling:**  Yes  No  DK

20. Have there been any major traumas suffered by this family (such as fires, rapes, robberies)  
 Yes  No  DK If yes, please specify .....

21. Have there been any siblings who have died in this family  
 Yes  No  DK If yes, please specify .....

**SERVICES INVOLVED SINCE SUSPICION/DIAGNOSIS**

22. Was the child notified to a statutory agency (eg. DOCS) (see protocol sheet)  Yes  No  DK  
 If yes, date of their involvement:   /   /    
 Has a Hospital Child Protection Unit been involved?  Yes  No  DK

23. What follow-up (if any) was provided for the child from a child protection service?  
 .....

24. Was a child psychiatry service consulted after suspicion  Yes  No  DK  
 If yes, give reason for consultation.....

25. Location of child psychiatry service consulted  Hospital  Community

26. Was there any psychiatric therapy or counselling for the child  Yes  No  DK

27. Did the perpetrator undergo any treatment  Yes  No  DK

**CONSEQUENCES Please estimate:**

28. How many other doctors have been involved due to MBPS?

29. How many hospital admissions can you attribute to MBPS?

30. How many days in hospital can you attribute to MBPS?

31. What investigations/ operations/ treatment has this child received as a result of the MBPS presentation, which in retrospect were unnecessary? (eg drugs, surgery, endoscopy, radiology)  
 .....  
 .....

33. In your opinion, what is the worst physical or psychological consequence of the abuse?  
 .....  
 .....

34. What was the affect of this case on you and your colleagues?.....  
 .....

**Please return this questionnaire in the address reply-paid envelope.  
 Thank you for your help with this research project**