

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

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: day month year
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 to complete the remainder of this questionnaire at this stage. Please 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.

9. Date of diagnosis day month year

MOTHER

10. Country of birth: Australia New Zealand Other
If other please specify:
- 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)

FATHER

11. Country of birth: Australia New Zealand Other
If other please specify:
- If born in Australia is he an Aboriginal Torres Strait Islander
If born in New Zealand is he a Maori Pacific Islander
Country of origin: (as above)
12. Language spoken at home:-
13. Occupation of mother:
Occupation of father:
14. Status at presentation: (Please record the first measurement)
Creatinine (micromoles/L)
Blood pressure (systolic/diastolic)
Microscopic haematuria Yes No
15. Case definition at presentation: (tick appropriate box)
 Idiopathic nephrotic syndrome Congenital nephrotic syndrome

<p>ONLY COMPLETE THIS SECTION IF YOU NOTIFIED A CASE OF CONGENITAL NEPHROTIC SYNDROME</p>
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23. Family history:-

Are the parents consanguineous?	Yes	No	Not known
Have any relatives been affected with the same condition?	Yes	No	Not known
If yes, please specify:			

24. Suggestive 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	Yes	No	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		

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