

Simple Vitamin D Deficiency Rickets Questionnaire
Australian Paediatric Surveillance Unit

Please contact Dr Craig Munns on (02) 9845-3200 or craigm2@chw.edu.au if you have any questions about this form

REPORTING CLINICIANS

1. APSU Dr Code/Name: /..... 2. Month/Year of Report:/.....
3. Date questionnaire completed: //

PATIENT DETAILS

4. First 2 letters of first name: 5. First 2 letters of surname:
6. Date of Birth: // 7. Sex: M F
8. Date of diagnosis: // 9. Post code of family:
10. Country of birth of child: _____
11. Has the child's mother immigrated to Australia? Yes No Unknown
- If yes, from what country? _____ If yes, when (month/year)? /

If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. 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 information requested in the remainder of the questionnaire.

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

*Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.
DK= Don't Know, NA = Not applicable*

Family details

12. Mother's Ethnicity: Aboriginal/Torres Strait Islander Caucasian Islander Asian Middle Eastern African
Latin American Indian subcontinent Other Please Specify: _____
13. Country of birth of mother: _____
14. Father's Ethnicity: Aboriginal/ Torres Strait Islander Caucasian Islander Asian Middle Eastern African
Latin American Indian subcontinent Other Please Specify: _____
15. Country of birth of father: _____
16. Number of children in the family: 1 2 3 4 5 >5
17. Number of other children in family diagnosed with simple vitamin D deficiency rickets: 1 2 3 4 5 >5

Medical history

18. Does the child have other medical conditions (including allergies to food and medications)? Yes No DK
- If yes, please specify: _____
19. Was the child on medications at diagnosis (other than Vitamin D)? Yes No DK
- If yes, please specify: _____
20. Gestational age: _____ weeks DK
21. Birth-weight: _____ grams DK

Nutritional history of child

22. For children < 3 years old, how many weeks/months was the child exclusively breast fed? _____ weeks/months DK
23. For children < 3 years old, at what age did the child receive commercially available formula? _____ weeks/months DK
24. Did the child receive multi-vitamin or vitamin D supplementation prior to the diagnosis of rickets? Yes No DK
- If yes, which vitamin preparation was used? _____ DK
- If yes, at what age was the vitamin supplementation started? _____ weeks/months DK
- If yes, for how long did the child take the vitamin supplement? _____ weeks/months DK

Nutritional history of mother

25. Did the mother receive multi-vitamin or vitamin D supplementation during her pregnancy? Yes No DK
- If yes, which vitamin preparation was used? _____ DK
- If yes, what was the daily vitamin D dose? _____ IU DK
- If yes, for how long did the mother take the multivitamin/vitamin D supplementation? _____ weeks/months DK

Other risk factors for Vitamin D deficiency

26. What is the child's skin colour? Dark Intermediate Fair

27. What is the mother's skin colour? Dark Intermediate Fair

28. Was the mother veiled during the pregnancy? Yes No DK

If yes, please tick the appropriate category below (tick one only):

Consistently covered – was always covered up, including arms, hair and neck, when outdoors

Inconsistently covered – did not usually cover fully in her own backyard/garden

Uncovered – did not generally cover up arms, hair and neck when outdoors

29. Is the child veiled? Yes No DK

If yes, please tick the appropriate category below (tick one only):

Consistently covered – always covered up, including arms, hair and neck, when outdoors

Inconsistently covered – did not usually cover fully in her own backyard/garden

Uncovered – did not generally cover up arms, hair and neck when outdoors

If yes, from what age (years) has the child been veiled? _____ years

Clinical presentation and diagnostic studies

30. What were the child's presenting signs and symptoms? (*tick as many as apply*): Limb deformity Fracture
Seizures Motor delay Poor growth Respiratory illness Hypotonia Bone pain

Other: _____

31. (a) Was the child diagnosed during screening because of affected siblings? Yes No

32. Were there radiological signs of rickets? Yes No Not Done DK

Biochemical Data at Diagnosis, If known

Parameter	Results at Diagnosis	Units	Normal range	DK
25-Hydroxyvitamin D				
Alkaline phosphatase				
Ionized calcium				
Total calcium				
Albumin				
Phosphate				
Parathyroid hormone				
Haemoglobin				
Mean corpuscular volume (MCV)				
Ferritin				

Treatment of rickets

33. Was the child commenced on treatment? Yes No DK If yes, what was prescribed?

Medication	Dose (units)	Frequency	Duration of therapy (weeks/days/months)

Please return this questionnaire in the addressed reply-paid envelope to Dr Yvonne Zurynski, Australian Paediatric Surveillance Unit, Locked Bag 4001, Westmead, NSW 2145

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMCR (Enabling Grant No. 40284), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.