Questionnaire

New Zealand Paediatric Surveillance Unit Study: IDDM 0-10 years

Please keep a record of the child's unit number in your NZPSU folder. Please ring Dr Priscilla Campbell-Stokes, (03) 4740999 if you have any problems with the form. Thank you for your time.

REPORTING CLINICIAN
1.NZPSU Dr. code __ __ __
2.Month/Year of report...../.....

PATIENT
3.First 2 letters of first name __ __
4.First 2 letters of last name __ __
5.Date of birth: day__ __ month __ __ year __ __
6.Sex: M__ F__
7.Postcode: __ __ __ __

Ethnicity

Mother's age in years: __ __
Mother's ethnicity: (please tick as appropriate)

NZ European/Pakeha__	Chinese__	Nuiean__
NZ Maori__	Samoan__	Indian__
Cook Island Maori__	Tongan__	Other European(specify).....
Other(specify).....		

Father's age in years: __ __
Father's ethnicity:

NZ European/Pakeha__	Chinese__	Nuiean__
NZ Maori__	Samoan__	Indian__
Cook Island Maori__	Tongan__	Other European(specify).....
Other(specify).....		

Patient's place of birth.....
If not NZ, state year of arrival.....

Diagnosis
Date (Date of first insulin injection): day__ __ month__ __ year__ __
Presentation: (please tick appropriate statement)
No Diabetic Ketoacidosis (DKA) __
Mild-mod DKA (pH <7.3 and /or HCO3 <18) __
Severe DKA (pH <7.1 and/or HCO3 <10) __