Universitätsklinikum Carl-Gustav-Carus
an der Technischen Universität Dresden
Klinik und Poliklinik für Kinder- und Jugendmedizin
Immunologie

Questionnaire for families/children with suspected immunological disorders

Name: .... Date of birth:..

Dear patient (or parents),

We would kindly ask you to fill in this questionnaire (please provide details on the dotted lines) before your appointment and to bring it along with any relevant medical records, vaccination and child health records ("Gelbes Heft") and your insurance card.

Thank you very much!

I. Reason for consultation

O suspected immunological disorder **O** fever of unknown origin **O** other reasons

II. History

i. Current complaints

What are your child's main complaints?

....

....

When did these symptoms first appear (month/year)?

....

....

ii. History of infections

	frequency –	**duration –**	**antibiotics –**	**fever**
O middle ear inflammation	.......times –	............days/weeks –	**O** yes **O** no –	**O** yes **O** no
O sinusitis	.......times –	............days/weeks –	**O** yes **O** no –	**O** yes **O** no
O bronchitis	.......times –	............days/weeks –	**O** yes **O** no –	**O** yes **O** no

O pneumonia ....times – ....days/weeks – **O** yes **O** no – **O** yes **O** no

O chronic cough/cold ....times – ....days/weeks – **O** yes **O** no – **O** yes **O** no

O cutaneous infections/abscess ....times – ....days/weeks – **O** yes **O** no – **O** yes **O** no

O bone infection ....times – ....days/weeks – **O** yes **O** no – **O** yes **O** no

O meningitis ....times – ....days/weeks – **O** yes **O** no – **O** yes **O** no

O fever without infection ....times – ....days/weeks – **O** yes **O** no –

Any previous hospital admissions for infections? *If yes, how often?*

O no **O** yes...

....

Do the infections occur seasonally? *If yes, in which season?*

O no **O** yes...

....

iii. <u>Clinical findings</u>

Any other symptoms?

O no **O** yes...

....

Swelling of lymph nodes (where)?

O no **O** yes...

....

Joint pain (where)?

O no **O** yes...

....

Skin lesions (where)?

O no **O** yes...

....

Stomach ache/ Stool abnormalities? *Number of stools per day?*

O no **O** yes.. ....

....

Loss of weight or lack of weight gain?

O no **O** yes...

....

Performance dip/decreased resilience or concentration?

O no **O** yes...

....

Other complaints?

O no **O** yes...

....

iv. Medication

Is your child on regular medication? *If yes, which one?*

O no **O** yes...

....

v. Vaccinations

Has your child been vaccinated in line with the recommendations of the STIKO (Ständige Impfkommission)? *If no, which ones are missing? Why?*

O yes **O** no...

....

vi. Pregnancy and birth

Any problems during pregnancy or birth?

O no **O** yes...

....

vii. Development/ failure to thrive

Any developmental abnormalities?

O no **O** yes...

Did growth and weight gain occur regularly? (Please provide charts from pediatric examinations)

O yes **O** no...

....

viii. Family history

Any family members with frequent infections, autoimmune disorders or child death from severe infections or for unknown reasons?

O no **O** yes...

....

ix. Social history

Does your child attend school/day care regularly? *How many days were they absent last year?*

O yes **O** no... ....days

....

III. Abnormal lab results

Any suspicious lab results/ other findings? *If yes, which ones?*

O no **O** yes...

....