Survey 01-Jan-2005 to 31-Dec-2005

ANZDATA REGISTRY

PAEDIATRIC SURVEY FORM

This form is additional to the main Registry Survey Form

Please complete this form for any patient under the age of 15 years. Data collection is complete when patient turns 18 years of age.

REGISTRY NUMBER	INITIAL HOSPITAL		CURRENT PARENT HOSPITAL		
	Hospital/State	Hospital Unit No.	Hospital/State	Hospital Unit No.	Physician

Surname	Given Names	DATE OF BIRTH			SEX

Please complete below **AT ENTRY** and at the **END OF EACH SURVEY**

DATE	HEIGHT (cms)	WEIGHT (kgs)	TOTAL CHOLESTEROL (mmol/l)	LDL (mmol/l)	HDL (mmol/l)	TRIGLYCERIDE (mmol/l)	RECEIVING STATINS (Yes/No)	PAEDIATRIC ASSESSMENT

LIPIDS

Fasting lipids most recent by end of survey

PAEDIATRIC ASSESSMENT

91. Attends school full time in class appropriate for age.
92. Attends school in class appropriate for age but attendance limited by dialysis schedule.
93. Attends school in a class lower than appropriate for age.
94. Attends school for physically handicapped children.
95. Attends school for developmentally handicapped children.
96. Medically unfit.
97. Preschool child.
98. Left school - full or part time work (inc. further study)
99. Left school - unemployed.