

Ch.I.Ne.Sy. Study - Children, Infections and Nephrotic Syndrome

Questionnaire concerning the pathogenetic role of infections in nephrotic syndrome

For children aged 1-5 years

Questionnaire for healthy controls

Questionnaire for children with nephrotic syndrome (Indicate the date of first diagnosis) (dd/mm/yy): |__|_|_|_|_|_|

To the physician

Physician's name _____

Date |__|_|_|_|_|_|

City _____

Hospital _____

This questionnaire is for the parents of children who have recently developed nephrotic syndrome (within the previous month). The case-control study requires the enrolment of a control of the same gender and age (± 6 months) as each case, excluding children with chronic diseases, those at increased risk of infections, and those receiving antibiotic prophylaxis.

Note for Parents

The aim of this questionnaire is to collect information concerning the role of common infections in the onset of pediatric nephrotic syndrome. The final objective is to acquire a better understanding of the causes of the disease and develop new therapeutic options. The data provided will be treated anonymously and used for research purposes only.

Thank you for your precious collaboration.

Patient's initials (last/first name): |__|_|_|_|

Gender Male Female

Date of birth (dd/mm/yy): |__|_|_|_|_|_|

Ethnicity: Caucasian Asian
 Afro-American Latin-American
 Other _____

Number of older **siblings** |__|_|

The Child lives in: Rural area Urban area

Allergic symptoms: Atopic dermatitis Asthma Rhinitis Other _____

How many times has your child experienced an episode of **fever** since birth?

(an approximation or range is acceptable):

How many times has your child received an **antibiotic** since birth?

(approximation or a range would be acceptable)

If you have any questions or wish to send completed questionnaires, please contact

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