



Questionnaire

1. Patient personal details

First name:.....

Last name:

Date of birth:.....

Insurance number:.....

Gender: male female

Ethnicity/Race: White / Black / Asian-Indian Not known

2. Details from the medical history**Alcohol consumption:** yes / no

if yes: amount (g/day):.....

since when? (years):.....

Guide for estimation of the amount:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl hard drink (50 vol. %) = ~40 g alcohol

Did the child's mother drink alcohol during pregnancy? yes / no / no data available

if yes: Which trimester?.....

amount (g/day):.....

since when? (years):.....

Smoking (Firsthand): yes / no

if yes: amount (cigarettes/day):.....

since when (year):

Smoking (Secondhand): yes / no / no data available

Passive smoking is the inhalation of smoke, called second-hand smoke (SHS), or environmental tobacco smoke (ETS), by persons other than the intended "active" smoker. It occurs when tobacco smoke permeates any environment, causing its inhalation by the children within that environment.

if yes: amount (cigarettes/day):.....

since when (year):

Smoking (Thirdhand): yes / no

Thirdhand smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, even long after smoking has stopped. Infants, children and nonsmoking adults may be at risk of tobacco-related health problems when they inhale, ingest or touch substances containing thirdhand smoke.

if yes:

Room:

(This question is to understand the condition of the room/surfaces affecting the child)

total amount (cigarettes/day in the room):.....

number of smokers in the room:.....

since when (year):

Child:

For how many years has the child been affected?

How many hours a day has the child been exposed?

Country:

Town:

Hospital:

Doctor's Name/Initials:

Patient No:

FORM-A**Pediatric
Pancreatitis****APPLE-P****Did the child's mother smoke during pregnancy?** yes / no / no data available

If yes, how many months?.....

Amount (cigarettes/day):.....

Drug consumption: yes / no

if yes: type of drug:.....

amount:.....

since when (year):.....

*(if there are more drugs, please describe them in the NOTES section at the end)***Diabetes mellitus:** yes / no

if yes: type: Type I. / Type II. / Type IIIc / MODY

since when (year):.....

Gluten-sensitive enteropathy: yes / no

if yes: since when (year):.....

Lipid metabolism disorder: yes / no

if yes: type:

since when (year):.....

Any disease of the pancreas: yes / no

if yes: acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/ other

if other: please describe:.....

If the patient has ACUTE PANCREATITIS in the history:

How many times did the patient have acute episodes before this episode:.....

When did the patient have the first acute episode (year):.....

If the patient has CHRONIC/AUTOIMMUNE PANCREATITIS:

When was it diagnosed?.....

How many times did the patient have acute episodes before this episode:.....

When did the patient have the first acute episode (year):.....

If the patient has PANCREATIC CANCER::

When was it diagnosed?.....

Was the patient diagnosed with chronic pancreatitis? yes / no

If yes, when was it diagnosed?.....

How many times did the patient have acute episodes before this episode?:.....

When did the patient have the first acute episode (year):.....

Other information:

.....

.....

.....

FORM-A

Pediatric Pancreatitis



Pancreas disorders in family history:

acute pancreatitis: yes / no if yes: relationship to patient:.....
 chronic pancreatitis yes / no if yes: relationship to patient:.....
 autoimmune pancreatitis: yes / no if yes: relationship to patient:.....
 pancreas tumor: yes / no if yes: relationship to patient:.....
 other (please describe):.....relationship to patient:.....

Congenital Anatomical Malformation of the pancreas: yes / no / no data

if yes: please describe:.....

Other illnesses: yes / no

if yes: please list/describe them:

Medications taken regularly: yes / no

if yes:
 name:..... amount:..... since when:.....
 name :..... amount:..... since when:.....
 name :..... amount:..... since when:.....
 name :..... amount:..... since when:.....
 name :..... amount:..... since when:.....
 name :..... amount:..... since when:.....
 name :..... amount:..... since when:.....

(if there are more medications, please describe them in the NOTES section at the end)

Diet: yes / no

if yes: please describe:.....

3. Etiology

Biliary	yes	no	no data
Alcohol	yes	no	no data
Virus infection	yes	no	no data
Trauma	yes	no	no data
Drug-induced	yes	no	no data
Congenital anatomical malformation	yes	no	no data
Cystic fibrosis	yes	no	no data
Hypertriglyceridaemia	yes	no	no data
Gluten-sensitive enteropathy	yes	no	no data
Genetic	yes	no	has not been tested yet
Idiopathic	yes	no	no data
Other	yes	no	

if yes: please describe:.....

**4. Complains, symptoms**

Abdominal pain: yes / no
 if yes: since when (hours):.....
 type: cramping / dull / sharp
 intensity (1-10):.....
 location:..... radiation:.....

Nausea: yes / no

Vomiting: yes / no
 if yes: how many times:.....
 contents of cast:.....

Subfebrility/fever: yes / no
 if yes: since when:.....
 degree (°C):.....

Appetite: good / retained / bad

Weight loss: yes / no
 if yes: how much (kg):.....
 during time period (weeks):.....

Jaundice: yes / no
 if yes: for how long:.....

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food

5. Admission details and state

Blood pressure (Hgmm):..... **Heart rate (/minute):**.....
Body weight (kg):..... **Body height (m):**.....
Respiratory rate (/minute):..... **Body temperature (°C):**.....
Abdominal tenderness : yes / no **Abdominal guarding:** yes / no
Jaundice: yes / no
Bowel sounds No/Hypoactive/Normal/ Hyperactive

Glasgow Coma Scale (GCS):.....

Glasgow Coma Scale:**Eye response**

4 points: Spontaneous eye opening
 3 points: Eye opening in response any speech
 2 points: Opening to response to pain
 1 point: No eye opening

Verbal Response

5 points: Orientated
 4 points: Confused conversation
 3 points: Inappropriate speech
 2 points: Incomprehensible speech
 1 point: No verbal response

Motor Response

6 points: Obeying command
 5 points: Localizing response to pain
 4 points: Withdraws to pain
 3 points: Decorticate posture
 2 points: Decerebrate posture
 1 point: No response to pain

**6. Laboratory parameters at admission****OBLIGATORY PARAMETERS:**

Amylase (U/l)	
Lipase (U/l) (only obligatory if amylase is not measured)	
White blood cell (WBC) count (G/l)	
Red blood cell (RBC) count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
Thrombocyte (G/l)	
Serum glucose (mmol/l)	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
eGFR	
C-reactive protein (mg/l)	
ASAT/GOT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	

OTHER PARAMETERS (if measured):

Sodium (mmol/l)	
Potassium (mmol/l)	
Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l)	
Triglyceride (mmol/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l)	
Direct/Conjugated bilirubin (umol/l)	
Alkaline phosphatase (U/l)	
Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
Procalcitonin (ng/ml)	
IgA (g/l)	
IgM (g/l)	
IgG (g/l)	
IgG4 (g/l)	
CA 19-9 (U/ml)	
PaO ₂ (Hgmm)	
HCO ₃ (mmol/l)	
sO ₂ (%)	
sweat chloride (mmol/l)	
urine amylase	
uirne lipase	
urine creatinine	
(other)	
(other)	

FORM-A

Pediatric Pancreatitis



virus serology which viruses? results:.....
.....

7. Imaging at admission

Does the patient have pleural fluid?	yes	no
Does the patient have lung infiltrate?	yes	no
Does the patient have abnormal pancreatic structure?	yes	no

Abdominal ultrasonography: yes no

Description:
.....
.....
.....
.....
.....

Abdominal X-ray: yes no

Description:
.....
.....
.....
.....
.....

Chest X-ray: yes no

Description:
.....
.....
.....
.....
.....

Chest Computed Tomography: yes no

Description:
.....
.....
.....
.....
.....

Abdominal Computed Tomography: yes no

Description:
.....
.....
.....
.....
.....

FORM-A**Pediatric
Pancreatitis****APPLE-P****8. Genetic testing**

Has it been performed earlier? yes no
 if yes: please describe:

.....

9. Immediate therapy at admission (in the ER Unit, before the patient has been transferred to the ward)

Intravenous fluid **yes** **no**
 if yes: type of fluid.....
 amount (ml).....

Enteral feeding **yes** **no**
 if yes: naso-gastric / naso-jejunal
 formula:
 amount:..... (ml)
 dilution: yes no

Pain management: **yes** **no**
 if yes: administration: oral / enteral / intravenous / epidural
 name of the medication:.....
 dosage:.....
 how long (days):.....

Antibiotic therapy: **yes** **no**
 if yes: administration: oral / enteral / intravenous
 name of the medication:.....
 dosage:.....

Insulin: **yes** **no**
 if yes: name of the medication:.....
 dosage:.....
 how long (days):.....

Intensive care: **yes** **no**
 if yes: namely (ventilation, vasopressor therapy):.....
 how long (days):.....

Other:
 if yes: please describe:.....

.....

FORM-A

Pediatric Pancreatitis



10. Complications

Pancreatic: yes no
if yes: fluid collections /pseudocyst / necrosis / diabetes

Organ failure: yes no
if yes:, lung /heart / kidney /other

Death: yes no

NOTES

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DATE:

YEAR: MONTH: DAY: HOUR MIN:

NAME OF THE DOCTOR:**SIGNATURE:**