

For office use only

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Royal College of Paediatrics and Child Health

BPSU Questionnaire: Surveillance of Non-type 1 Diabetes

Please complete the questionnaire about any new diagnosis of non-Type 1 diabetes (suspected or confirmed) in a patient 0-16 years of age (i.e. up to but not including their 17th Birthday).

This may not necessarily be a new case of diabetes, but could be newly recognised as atypical for Type 1.

Reporter Contact details:

Name of reporting health professional (*please print*): _____

Hospital name (*please print*): _____

Date of completing questionnaire: ___ / ___ / ___

Contact telephone number: _____ Contact e-mail: _____

Name of clinician responsible for the case (*if not as above*): _____

Contact telephone number for clinician: _____

Has the patient in question been referred to you from another hospital? Yes No

If YES please give the name of the hospital and the consultant referring the patient:

Hospital name: _____ Name of Consultant: _____

Section A : Patient Details

(all identifiers will be removed and replaced by a study ID when it has been confirmed that this is a unique case)

Month/Year of Birth: ___ / ___ Gender (*please circle*): Male/Female

Hospital Number: _____

Patient's race or ethnicity (*please tick if applicable*):

White

- British
- Any other White background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

- Chinese or other ethnic group**

Section B: Diagnosis of non-type 1 diabetes

1. Type of non-type 1 diabetes diagnosed or suspected: **Date of diagnosis**
- Type 2 diabetes (*characterised by evidence of idiopathic non-syndromic insulin resistance*) ___ / ___ / ___
 - MODY (*characterised by known MODY gene mutation with genetic confirmation*) ___ / ___ / ___
 - Diabetes as part of a recognised syndrome
Syndrome: _____ ___ / ___ / ___
 - Diabetes as part of a suspected or unrecognised syndrome ___ / ___ / ___
 - Diabetes secondary to another condition
(e.g cystic fibrosis)
Condition: _____ ___ / ___ / ___

2. Is this a revised diagnosis of type 1 diabetes? **Yes** **No**
- If YES a) please give date of diagnosis of type 1: ___ / ___ / ___
- b) what prompted a revised diagnosis? (*please tick if applicable*)

- Low/lack of insulin requirement
 - Level of control on insulin
 - Other reason (*please specify below*)
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3. How was the diagnosis made? (*please tick if applicable and provide results*)

	Results (units)	Normal range
<input type="checkbox"/> Random glucose measured		
<input type="checkbox"/> Fasting blood glucose		
<input type="checkbox"/> Glucose tolerance test	Fasting value: 2hr value:	
<input type="checkbox"/> Insulin measurement with diabetes		
<input type="checkbox"/> Raised C-peptide with diabetes		
<input type="checkbox"/> Ketonuria (positive or negative?)		

Did you conduct a GAD, islet cell, insulin antibody or HLA test? **Yes** **No**

If YES please specify antibody test (*please tick if applicable and provide test result and date that the test was taken*):

	Date	Result
<input type="checkbox"/> GAD-65	___/___/___	_____
<input type="checkbox"/> ICA	___/___/___	_____
<input type="checkbox"/> Insulin	___/___/___	_____
<input type="checkbox"/> HLA – class II	___/___/___	_____

Section C: Signs and symptoms

4. Date first presented with symptoms suggestive of diabetes (*this may be sometime before non-type 1 was diagnosed*): ___ / ___ / ___

N.B Patients who may be asymptomatic but diagnosed as a consequence of e.g. a routine urine analysis should also be included. For these patients, please report the date of diagnosis in the space above.

5. Clinical symptoms at first presentation:

- a) Polyuria Yes (Y) N Not known (NK)
 b) Polydypsia Y N NK
 c) Weight Loss Y N NK
 d) Diabetic Ketoacidosis Y N NK
 e) Acanthosis nigricans Y N NK

Please state where on the body

acanthosis nigricans was present: _____

f) Asymptomatic Y N NK

g) Other symptoms: (*please specify*) _____

Section D: Clinical investigations and treatment

6. Please give the following results:

	First test result when diagnosis was made
Blood glucose (mmol/l)	
pH (blood)	
Actual bicarbonate	

7. Please give the results for latest lipid profile. Date of sampling ___ / ___ / ___

Were lipid measurements taken in a fasting blood sample? Y N

	Result (mmol/l)
Triglyceride	
LDL Cholesterol	
HDL Cholesterol	
Total Cholesterol	

8. Does the patient currently have:

- Acanthosis nigricans? Y N NK
- Polycystic Ovarian Syndrome (PCOS) (**if female**)? Y N NK

If patient has PCOS what is this based on? (*please tick if applicable*)

- LH/FSH ratio >3
- LH predominant response
- Low SHBG
- Ultrasound

Please specify any other symptoms and signs of PCOS: _____

9. Please give details of treatment:

Treatment	Date started	Dosage/drug name/type of other treatment
<input type="checkbox"/> Insulin		
<input type="checkbox"/> Oral Medication		
<input type="checkbox"/> Diet to control weight		
<input type="checkbox"/> Other Rx		

10. Please give weight & height (measured on same date) at or around the time of first presentation or diagnosis, for calculation of BMI:

	Value	Date measured
Height (cm)		
Weight (kg)		

11. Is there a family history of diabetes? Y N NK

If YES please state relationship and type of diabetes for each affected relative:

	Relative 1	Relative 2	Relative 3
Relationship:	_____	_____	_____
Type of diabetes:	_____	_____	_____

Thank you very much for taking the time to complete the questionnaire.

**Please return in the SAE to:
Kay Chong Wan, Research Administrator
Royal College of Paediatrics and Child Health
50 Hallam Street, London W1W 6DE**
