

SARS-CoV-2 Infection Questionnaire

Paediatric Inflammatory Multisystem Syndrome temporally associated with COVID-19 (PIMS-TS)

1. Demographic data

Reporting hospital
Reporting physician
Age for children ≥ 1 months	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (years/months)
Age for children < 1 month	<input type="text"/> <input type="text"/> (days)
Sex	male <input type="checkbox"/> (0) female <input type="checkbox"/> (1)

2. Symptoms

Symptom	Present	Not present	Unknown
Gastrointestinal			
Abdominal pain	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Vomiting	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Diarrhoea	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Colitis or ileitis	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Ascites	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Splenomegaly	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Hepatomegaly	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Cardiovascular			
Hypotension	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Specify lowest systolic blood pressure:			mmHg
Oliguria <0.5 ml/kg/h	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Capillary refill time >5s	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Myocardial dysfunction	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Dermatologic			
Conjunctivitis	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Other mucus membrane changes	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Rash	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)

Symptom	Present	Not present	Unknown
Respiratory			
Cough	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Sore throat	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Oxygen requirement	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Neurological			
Headache	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Confusion	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Irritability	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Reduced level of consciousness	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Other			
Syncope	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Lymphadenopathy	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Swollen hand or feet	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Fever (>38.5°C)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
	<input type="text"/> <input type="text"/> (days)		

4. Diagnostics (please not the for some levels we ask HIGHEST and LOWEST)

Type	Indicate HIGHEST value	Unknown
Blood tests		
Neutrophils	G/l	<input type="checkbox"/> (99)
Platelets	G/l	<input type="checkbox"/> (99)
CRP	mg/l	<input type="checkbox"/> (99)
ESR	mm/1.h	<input type="checkbox"/> (99)
Lactate	mmol/l	<input type="checkbox"/> (99)
Sodium	mmol/l	<input type="checkbox"/> (99)
Ferritin	µg/l	<input type="checkbox"/> (99)
ASAT	mmol/l	<input type="checkbox"/> (99)
ALAT	mmol/l	<input type="checkbox"/> (99)
Creatinine	mmol/l	<input type="checkbox"/> (99)
INR		<input type="checkbox"/> (99)
D-dimers	g/l	<input type="checkbox"/> (99)
Fibrinogen	g/l	<input type="checkbox"/> (99)
Troponin	ng/l	<input type="checkbox"/> (99)
NT-pro-BNP		<input type="checkbox"/> (99)
LDH	mmol/l	<input type="checkbox"/> (99)

Type	Indicate LOWEST value	Unknown
Blood tests		
Haemoglobin	g/l	<input type="checkbox"/> (99)
Neutrophils	G/l	<input type="checkbox"/> (99)
Lymphocytes	G/l	<input type="checkbox"/> (99)
Platelets	G/l	<input type="checkbox"/> (99)
Sodium	mmol/l	<input type="checkbox"/> (99)
Fibrinogen	g/l	<input type="checkbox"/> (99)
Albumin	g/l	<input type="checkbox"/> (99)
Microbiology		
Blood culture	if positive, specify:	
		<input type="checkbox"/> (99)
HLH Markers (indicated any values)		
Triglycerides	mmol/l	<input type="checkbox"/> (99)
sIL-2 receptor	pg/ml	<input type="checkbox"/> (99)

Type	Present	Not present	Unknown
Chest X-ray or Chest CT			
Patchy infiltrates	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Pleural effusion	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Echocardiography			
Myocardial dysfunction	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Pericardial effusion	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
Coronary artery dilatation	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
ECG			
Pathology	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
specify:			
Abdominal ultrasound			
Pathology	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	<input type="checkbox"/> (99)
specify:			

5. Treatment

Medical treatment						
	No	Yes	Dose	Route	Interval in hours	Number of days
IVIG	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Methylprednisolone	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Prednisolone	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Anakinra	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Tocilizumab	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Infliximab	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Unfractionated Heparin	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Low-molecular-weight heparin	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Aspirin	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)				
Inotropic support	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	-	-	-	
Other, specify:						
Supportive treatment						
	No	Yes	Days			
CPAP or other NIV (NIV=non-invasive ventilation)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="text"/> <input type="text"/> (days)			
Mechanical ventilation	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="text"/> <input type="text"/> (days)			
ECMO	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="text"/> <input type="text"/> (days)			
Other, specify:						

Thank you for your collaboration!

Please send this form back to SPSU-corona@ukbb.ch via e-mail
or to

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