Study "Lyme Neuroborreliosis in children"

Questionnaire (by parents and/or guardians) Code:_____

Name:_____Hospital:_____

Date of birth: _____Date for inclusion:_____

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Questions:

	YES	NO	If yes, duration of symptoms at admission: 1-2 d	3-6 d	1-2 w	2-4 w	1-2 m	>2 m
1. Facial nerve palsy:	☐	☐	☐	☐	☐	☐	☐	☐
2. Headache:	☐	☐	☐	☐	☐	☐	☐	☐
3. Fatigue:	☐	☐	☐	☐	☐	☐	☐	☐
4. Fever (38-39^0 celcius):	☐	☐	☐	☐	☐	☐	☐	☐
5. Neck pain:	☐	☐	☐	☐	☐	☐	☐	☐
6. Neck stiffness:	☐	☐	☐	☐	☐	☐	☐	☐
7. Loss of appetite:	☐	☐	☐	☐	☐	☐	☐	☐
8. Nausea/vomiting:	☐	☐	☐	☐	☐	☐	☐	☐
9. Vertigo:	☐	☐	☐	☐	☐	☐	☐	☐
10. Radiating pain	☐	☐	☐	☐	☐	☐	☐	☐
11. Other symptom:	☐	☐	☐	☐	☐	☐	☐	☐

(if yes, what symptom:.....
.....)

	YES	NO	If yes, duration at admission: 1-4 w	1-2 m	3-5 m	6-12 m	>1 y
12. Tick bite:	☐	☐	☐	☐	☐	☐	☐
(if yes, where?.....							
13. Red skin lesion (erythema migrans):	☐	☐	☐	☐	☐	☐	☐
(if yes, where?.....							
14. Swollen earlobe (lymphocytoma):	☐	☐	☐	☐	☐	☐	☐
15. Vesicles on lip (herpes simplex):	☐	☐	☐	☐	☐	☐	☐
16. Vesicles on skin (varicella zoster):	☐	☐	☐	☐	☐	☐	☐
17. Vaccination for TBE:	☐	☐	☐	☐	☐	☐	☐
18. Vaccination for Yellow fever:	☐	☐	☐	☐	☐	☐	☐

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19. Treatment for previous *Borrelia* infection (drug, dose)?……..
……...……

20. Where in Sweden has the child been spending summer vacation the last two years?
…….....

21. Is the child healthy (yes/no)?.....

22. If no, what is the problem (diagnosis)?.....
.....

23. Treatment?.....