

Birmingham Audit Questionnaire Silver - Russell Syndrome

Name:

Date of Birth:

Clinical history:

Regarding pregnancy:

| | | | |
|-------------------------|-----|----|------------|
| History of IVF or ICSI | yes | no | unknown |
| Duration of pregnancy | | |weeks |
| Gestation IUGR detected | | |weeks |

Regarding perinatal period (< 1 month):

| | | | |
|-------------------------|-----|----|-----------|
| Birth weight | | |gram |
| Length | | |cm |
| OFC | | |cm |
| Intensive care required | yes | no | unknown |
| Placenta small | yes | no | unknown |
| Feeding difficulties | yes | no | unknown |
| Hypoglycaemia | yes | no | unknown |

Regarding postnatal period (>1month)

| | | | |
|----------------------|-----|----|-------------|
| Feeding difficulties | yes | no | unknown |
| NG fed | yes | no | unknown |
| Gastrostomy fed | yes | no | unknown |
| Hypoglycaemia | yes | no | unknown |
| Hypogonadism | yes | no | unknown |
| Café au lait patches | yes | no | unknown |
| Seizures | yes | no | unknown |
| Visual defect | yes | no | unknown |
| Hearing loss | yes | no | unknown |
| Mental retardation | yes | no | unknown |
| GH treatment | yes | no | unknown |
| If yes age commenced | | | years |

Family:

| | | | |
|--|-----|----|---------|
| Are there any more relatives with short stature or asymmetry | yes | no | unknown |
| if yes, who? | | | |

Laboratory findings:

| | | | |
|--------------------------------|-----|----|---------|
| Normal karyotype | yes | no | unknown |
| UPD Chromosome 7 | yes | no | unknown |
| Growth hormone studies | yes | no | unknown |
| If yes was he/she GH deficient | yes | no | |

CLINICAL FEATURES:

In general:

| | | |
|-------------------------------|---------|-----------------|
| Height |cm | (age.....years) |
| Weight |kg | (age.....years) |
| Head circumference |cm | (age.....years) |
| Hemihypertrophy | yes | no unknown |
| If yes which parts of body? | | |
| Lack of subcutaneous fat with | | |
| prominent blood vessels | yes | no unknown |
| Delayed bone age | yes | no unknown |

Head/Neck

| | | | |
|--------------------|-----|----|---------|
| Facial asymmetry | yes | no | unknown |
| Prominent forehead | yes | no | unknown |
| Down turned mouth | yes | no | unknown |
| Dental crowding | yes | no | unknown |
| Micrognathia | yes | no | unknown |
| Cleft palate | yes | no | unknown |
| Other dysmorphism | yes | no | unknown |

if yes, which ?

Hands

| | | | |
|---------------------------|-----|----|---------|
| Fifth finger clinodactyly | yes | no | unknown |
| Camptodactyly | yes | no | unknown |

Thorax:

| | | | |
|----------------------------------|-------|----|---------|
| Congenital cardiac malformations | yes | no | unknown |
| if yes, which | | | |

Abdomen:

| | | | |
|---------------------------------|-----|----|---------|
| Cryptorchidism | yes | no | unknown |
| Hypospadias | yes | no | unknown |
| Uterine or ovarian malformation | yes | no | unknown |

Other features

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|---|
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|---|

Thank you very much for your help.

Filled in by.....
Phone.....Date.....