

QUESTIONNAIRE

Details of clinician completing form:

Name:
Hospital:
Telephone:
Email:
Date completed:

Patient information:

Age: Sex: Ethnic origin:
Date of admission to hospital:

Presenting symptoms – please circle if applicable and specify day of illness when symptom first appeared

Neuropsychiatric

Acute confusion Agitation Behavioural change Speech dysfunction
Seizures focal/generalised Other/Details _____

Movement abnormalities

Orolinguofacial dyskinesias Choreoathetosis Dystonia Muscle rigidity
Stereotyped movements Other/Details _____

Autonomic instability

Tachycardia Enuresis Sleep dysfunction Hypertension
Hyperthermia Hypoventilation Other/Details _____

Investigations

	Performed	Normal	Abnormal (please give details or attach formal report)
MRI			
EEG			
CSF			
Abdominal imaging			
Other investigations * *			

Tumour present? Yes/No What tumour? _____

Treatment

Treatment	Received?	Drug name, dose, duration of therapy
Plasmapheresis		
Intravenous immunoglobulin		
Intravenous steroids		
Oral steroids		
Other immunotherapy		
Antivirals / Antibiotics		

Did the child need intensive care during the illness? If yes, then why? _____

Medical history:

Any previous medical history?
Any family history of autoimmune disease?

Thank you for completing this questionnaire.

Please return to Dr Sukhvir Wright (c/o Professor Angela Vincent), Neurosciences Laboratory, West Wing Level 5, John Radcliffe Hospital, Oxford. OX3 9DS. Fax: 01865 234320 Email: sukhvir.wright@nhs.net

FOLLOW-UP QUESTIONNAIRE

BPNSU study of NMDAR-Ab encephalitis patients

Details of clinician completing form:

Patient study ID:

Name:

Hospital:

Telephone:

Email:

Date completed:

How many days/months between

1) SYMPTOM ONSET AND DIAGNOSIS?.....

2) SYMPTOM ONSET AND FIRST SIGN OF RECOVERY?.....

3) START OF IMMUNOTHERAPY AND RECOVERY?.....

Total length of hospital stay

days

Involvement of allied health professionals/other medical teams in treatment (fill table below)

Physiotherapy	OT	Psychiatry	Psychology	Surgery	Neurorehab	Others (please list)
Y/N	Y/N	Y/N	Y/N	Y/N		

Outcome of initial illness

At 3 time points to record the following (both scoring scales, MRS* and PCPC**, overleaf);

Days from onset (D)	D= nadir of illness		D= discharge from hospital		D= 1 year follow-up	
Treatment						
Score	MRS	PCPC	MRS	PCPC	MRS	PCPC
Residual features, e.g. seizures, cognitive problems						

Relapses

Y/N

If Y to above:

Relapse event number	Time from onset of disease to relapse	Presenting features of relapse	Investigations during relapse <i>MRI, EEG, USS CSF/SERUM NMDAR-Ab</i>	Treatment required and response to treatment	Neurological and cognitive outcome post relapse
1					
2					

Any additional information regarding relapse? *e.g. possible contributory factors, lack of overall improvement, parental anxiety.*

Patient assessment at last follow-up. *Please include time seen after initial diagnosis, medication and outcome scores.*

*MRS

TABLE 2: Modified Rankin Scale for Children and Adults

Score	Children	Young Adults
0	No symptoms at all	No symptoms at all
1	No significant disabilities despite symptoms; behavior appropriate to age and normal further development	No significant disability despite symptoms; able to carry out all usual duties and activities
2	Slight disability; unable to carry out all previous activities, but same independence as other age- and sex-matched children (no reduction of levels on the gross motor function scale) ²⁸	Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3	Moderate disability; requiring some help, but able to walk without assistance; in younger patients adequate motor development despite mild functional impairment (reduction of 1 level on the gross motor function scale)	Moderate disability; requiring some help, but able to walk without assistance
4	Moderately severe disability; unable to walk without assistance; in younger patients reduction of at least 2 levels on the gross motor function scale	Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5	Severe disability; bedridden, requiring constant nursing care and attention	Severe disability; bedridden, incontinent and requiring constant nursing care and attention
6	Dead	Dead

REF: Bigi S, Fischer U, Wehrli E, *et al.* Acute Ischemic Stroke in Children versus Young Adults. *Ann Neurol* 2011;70(2):245-54.

**PCPC

Table I. Pediatric Cerebral Performance Category Scale

Score	Category	Description
1	Normal	Normal; at age-appropriate level; school-age child attending regular school classroom
2	Mild disability	Conscious, alert, and able to interact at age-appropriate level; school-age child attending regular school classroom but grade perhaps not appropriate for age; possibility of mild neurologic deficit
3	Moderate disability	Conscious; sufficient cerebral function for age-appropriate independent activities of daily life; school-age child attending special education classroom and/or learning deficit present
4	Severe disability	Conscious; dependent on others for daily support because of impaired brain function
5	Coma or vegetative state	Any degree of coma without the presence of all brain death criteria; unawareness, even if awake in appearance, without interaction with environment; cerebral unresponsiveness and no evidence of cortex function (not aroused by verbal stimuli); possibility of some reflexive response, spontaneous eye-opening, and sleep-wake cycles
6	Brain death	Apnea, areflexia, and/or electroencephalographic silence

REF: Fiser DH Outcome evaluations as measures of quality in pediatric intensive care. *Pediatr Clin North Am.* 1994 Dec;41(6):1423-38.

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