

**Section A: KEY IDENTIFYING INFORMATION**

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

A2. Acrostic Identifier \_\_\_\_\_

A3. Study visit WEEK 1.....1 WEEK 5.....2

A4. Visit Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

A5. Name of person completing form \_\_\_\_\_  
 PRINT FULL NAME

A6. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

**Section B: CLINICAL INFORMATION**

B1. Height or Length \_\_\_\_\_ . \_\_\_\_\_ cm

B2. Weight \_\_\_\_\_ . \_\_\_\_\_ kg

B3. Temperature today DONE .....1 NOT DONE .....2 (B4)

a. Result \_\_\_\_\_ °C

b. Method Rectal.....1  
 Oral .....2  
 Axillary.....3  
 Tympanic.....4

B4. Patient currently on aspirin therapy YES .....1 NO.....2 (B4b)

a. Current total daily aspirin dose \_\_\_\_\_ mg (C1)

b. Date daily aspirin **stopped** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

b.1. Reason aspirin stopped \_\_\_\_\_  
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**Section C: CURRENT MEDICATIONS**

C1. Number of medications since hospital discharge (week 1) or since last follow-up (week 5) [Excluding aspirin] (See Code List D) \_\_\_\_\_

**Medication Code**  
[Code required for data entry]

- a. \_\_\_\_ . \_\_\_\_
- b. \_\_\_\_ . \_\_\_\_
- c. \_\_\_\_ . \_\_\_\_
- d. \_\_\_\_ . \_\_\_\_
- e. \_\_\_\_ . \_\_\_\_
- f. \_\_\_\_ . \_\_\_\_
- g. \_\_\_\_ . \_\_\_\_
- h. \_\_\_\_ . \_\_\_\_
- i. \_\_\_\_ . \_\_\_\_
- j. \_\_\_\_ . \_\_\_\_

**Medication Name Worksheet**


**Section D: ASSOCIATED FINDINGS AND EVENTS**

D1. Number of associated findings and events since hospital discharge or last follow-up visit (See Code List E) \_\_\_\_\_

**Findings/Event Code**  
[Code required for data entry]

- a. \_\_\_\_ - \_\_\_\_
- a.1 Date
- b. \_\_\_\_ - \_\_\_\_
- b.1 Date
- c. \_\_\_\_ - \_\_\_\_
- c.1 Date

**Specify**

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M M D D Y Y Y Y

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M M D D Y Y Y Y

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M M D D Y Y Y Y

**Findings/Event Code**  
[Code required for data entry]

**Specify**

d. ____ - ____ ____ ____ ____	
d.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
e. ____ - ____ ____ ____ ____	
e.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
f. ____ - ____ ____ ____ ____	
f.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
g. ____ - ____ ____ ____ ____	
g.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
h. ____ - ____ ____ ____ ____	
h.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
i. ____ - ____ ____ ____ ____	
i.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y
j. ____ - ____ ____ ____ ____	
j.1 Date	____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y

**Section E: ADVERSE EVENTS**

E1. Adverse event since hospital discharge or last follow-up visit      YES.....1      NO ..... 2 (F1)

a. Number of adverse events

Complete Adverse Event  
Form K010

**Section F: HOSPITAL READMISSION**

F1. Hospital readmission since initial discharge for Kawasaki Disease or last follow-up visit YES.....1 NO .....2 (G1)

a. Number of readmissions

Complete Hospital Readmission Form K012

F2. Did patient receive IVIG retreatment during hospital readmission YES..... 1 NO .....2

Complete Retreatment Form K011

**Section G: BLOODWORK**

G1. Patient completed lab tests at this visit YES.....1 (H1) NO ..... 2

Complete Laboratory Form K006

a. Reason FAMILY REFUSED ..... 1  
 UNABLE TO COMPLETE VENIPUNCTURE ..... 2  
 OTHER .....99

a.1. Specify: \_\_\_\_\_

**Section H: ECHOCARDIOGRAM**

H1. Patient completed echo at this visit YES..... 1 (END) NO ..... 2

Complete Local Echocardiogram Form K003

a. Reason FAMILY REFUSED.....1  
 UNABLE TO KEEP PATIENT STILL .....2  
 OTHER .....99

a.1. Specify: \_\_\_\_\_