

Appendix 2. Demographic and Clinical data form

Case No (Bar code):

IPD No:..... Sample Identification Number:.....

Please complete the information as below

SECTION 1: SUBJECT INFORMATION	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Date of Birth:	Contact No:
Residential address:	Date of admission:

SECTION 2: EPIDEMIOLOGICAL INFORMATION
Any similar illness in family/community: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of such cases.....
Travel History (within last 21 days before the onset of illness): Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of the place/country visited:
Travel dates: From (___ / ___ / ___) To (___ / ___ / ___)
Visitor History (within last 21 days before the onset of illness): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number of visitor and place/country visited from:

SECTION 3: CLINICAL INFORMATION					
Date fever onset (dd/mmm/yy): _____			Duration of fever: _____		
Symptoms (Tick)	Yes	No	signs	Yes	No
Fever			Chest Pain		
Chills			Nausea		
Malaise			Vomiting		
Muscle Aches			Abdominal Cramps		
Headache			Diarrhea		
Retro-orbital Pain			Loss of consciousness		
Joint Pain			Seizures		
Fatigue			Confusion		
Anorexia			Stiff Neck		
Conjunctivitis			Jaundice		
Coryza			Rigors		
Rhinorrhea			Sweating		
Sore Throat			Rash		
Cough			Easy bruising		
Wheezing			Bleeding		
Shortness of Breath			Epistaxis		
Others, specify					

SECTION 4: PHYSICAL EXAMINATION								
Fever (Temp _____ °c)		Pulse:.....		BP:...../.....				
Respiratory rate:/min				Weight (kg):.....				
System	Findings							
	Normal ("√")	Abnormal (Put "√" against each)						
General		Edema		Pallor		Jaundice		
		Clubbing		Cyanosis		Lymphadenopathy		
		Dehydration		Others		Lethargic		
ENT		Throat erythema		Oral Ulcers		Oral petechiae		
		Others						
Lungs		Crackles		Rhonchi		Dullness		
						Others		
Cardiac		Raised JVP		Murmur		Rub		
						Others		
Abdomen		Tenderness		Hepatomegaly		Splenomegaly		
				Abnormal bowel sounds				
Neurologic		Sensory		Motor		Reflexes		
		Cranial nerve						
Skin		Bruising		Petechiae		Vesicles		
		Rash		Desquamation		Papules		
		Nodules		Ulcers		Eschar		
	Location		Full body		Face		Scalp	
			Trunk/Back		Extremities		Palms/ Soles	
			Oral mucosa		Genitals		Axilla	

Others: _____

SECTION 5: CO-MORBIDITIES			
	Yes	No	unknown
Seizure Disorders			
Asthma			
COPD			
Heart disease			
Diabetes			
CLD			
CKD			
Others			

Provisional diagnosis _____

SECTION 6: MEDICATION				
	Sl.no	Name	Dose	Duration given
Antibiotics (write in order of prescription)	1			
	2			
	3			
	4			
	5			
Antiviral (write in order of prescription)	1			
	2			
	3			
	4			

SECTION 7: PATIENT OUTCOME		(Put "v" mark)
Referred		
Recovered		
Died		