Version: OCT 2020– STAR STUDY

Study ID (Site **-** Day - Month - Number): BHC --- --- ---

SECTION 1: DEMOGRAPHIC INFORMATION

Patient:	**Sex:** ☐ Male ☐ Female	**Age:**	**Home Location:**
		Village/LC1:	**Parish/Ward:**

Consent Obtained: ☐ Yes ☐ No (Patient excluded, form complete)

SECTION 2: CLINICAL INFORMATION

Symptoms:

☐ fever
☐ skin rash
☐ muscle aches
☐ cough
☐ fatigue
☐ headache
☐ sore throat
☐ runny nose
☐ joint pains
☐ diarrhea
☐ vomiting
☐ not eating
☐ fast breathing
☐ convulsions
☐ bleeding
☐ coma
☐ chest in-drawing
☐ Other: _____

Clinical History:

Days since first fever: _____

Seen at another clinic for this same problem?
☐ Yes
☐ No

Have you taken drugs for malaria in the last two weeks?
☐ Yes
☐ No

Have you taken drugs to treat infection (antibiotics) in the last two weeks?
☐ Yes
☐ No

Past Medical History:

☐ Asthma
☐ Diabetes
☐ Epilepsy
☐ Heart problems
☐ High blood pressure
☐ ISS
☐ Malaria
☐ Tuberculosis

Other conditions:

SECTION 3: OBJECTIVE DATA

Temperature	**RR**	**Heart Rate**	**Oxygen (%)**	**Weight (kg)**	**Malaria Test Result:** ☐ POS ☐ NEG

SECTION 4: CONFIRM INCLUSION CRITERIA

Does patient have:	☐ History of fever in last 7 days	*If the patient meets this criterion, then they are eligible for further testing.* ***Please perform the tests below:***

SECTION 5: RESULTS OF CRP TESTS

Actim CRP:	Afinion CRP
BTNX CRP:	SD Biosensor Malaria/CRP Duo:

SECTION 6: PATIENT TREATMENT & DISPOSITION

Treatment	☐ Antibiotics: _____		☐ Other: _____
Disposition	☐ Discharged from OPD	☐ Admitted to IPD	☐ Referred
	☐ Other (specify):		