

Appendix S1. Proforma for Clinical information

Name: _____ **Fathers name:** _____ **Age: Sex:M/F** _____
Date of admission _____ **C.R.No:** _____ **Date of discharge:** _____

Postal address: _____

Phone: _____

(write "1" in box if the symptom /sign is present, write "0" if not present and enter the duration in space provided)

Those in bold letter are essential entries in all patients

History/symptoms	1 if yes, 0 if No	Duration (days)
Fever		
Headache		
Vomiting		
Seizures		
Focal seizures		
Lethargy / irritability		
Focal deficit		
Sensorial changes		
Poor feeding		
Cough		
Rapid breathing		
Weight loss		
Skin infection		
Head injury/neurosurgery		
Ear discharge		
Rash		
Type of rash		
Rhinitis		
Constipation		
Immunosuppression		
Measles in last 3 months		

History/symptoms	1 if yes, 0 if No	Duration (days)
steroid treatment		
Any other predisposing factor		
Any other symptoms:(provide details):		
BCG vaccination		NA
BCG Scar		NA
Contact with TB patient		NA
Relationship with patient:		
Prior antibiotic use (IV or oral)		

Examination findings:

Weight

Height:

Head circumference:

(write "1" in box if the symptom /sign is present, write "0" if not present)

Those in bold letter are essential entries in all patients

Finding	1 if yes, 0 if No
Lymphadenopathy	
Rash	
Type of rash: (encircle) Petechial /Pupuric /maculopapular /vescicular/other:	
Parotid enlargement	
Skin / mucosal ulcers	
Any abnormality on Eye / Nose / throat examination.....	
Any other finding on general physical examination.....	
Worst GCS:....E.....M.....V.....	
Bulging Fontanelle	
Decerebrate/decorticate posturing	
Focal deficits	
Extrapyramidal signs	

