

**3. CLINICAL HISTORY**

3000. Are you feeling well today?

Yes.....1 (Go to Q.3001)   
 No.....2

3000a. What illnesses (including fever) do you currently have?

3001. Have you had fever in the past 3 months?

Yes.....1  
 No.....2  
 Don't know / Not sure.....888 } (Go to Q.3004)

3002. Have you had fever in the past specified period?

No.	Had fever in the following past period from this interviewed date?	Febrile or not? 1. Yes 2. No 3. Don't know / Not sure	Record temperature (°C) at onset of fever (if febrile)
1	Past 1 week		
2	Between past 1 week to past 1 month		
3	Between past 1 to 2 months		
4	Between past 2 to 3 months		

3003. In the past 3 months, specify the (approximate) onset date and duration of symptoms for fever and other symptoms you had at the time of fever.

No.	Symptom	Most recent fever		2 <sup>nd</sup> recent fever		3 <sup>rd</sup> recent fever	
		Most recent onset date	Duration of symptoms (in days)	Most recent onset date	Duration of symptoms (in days)	Most recent onset date	Duration of symptoms (in days)
<b>A</b>	<b>Fever</b>						
If you had fever, specify <i>other</i> symptoms you had for the same episode. If not, skip to Q3004.							
1	Chills						
2	Intense headache						
3	Body (muscle) aches						
4	Bone ache or joint						

Excerpt from questionnaire

	pains						
5	Loss of appetite						
6	Taste alterations						
7	Nausea						
8	Vomiting						
9	Development of skin rashes						
10	Skin sensitivity						
11	Bleeding from the nose, mouth and gums						
12	Black stools, similar in appearance to coal tar						
13	Diarrhoea						
14	Severe and continuous pain in the abdomen						
15	Restlessness						
16	General weakness						
17	Drowsiness						
18	Pain behind the eye(s)						
19	Red eye(s)						
20	Cough						
21	Sore throat						
22	Runny nose						
23	Others 1 (specify): _____						
24	Others 2 (specify): _____						
25	Others 3 (specify): _____						
26	Others 4 (specify): _____						
888	Don't know						

3004. Have you ever been told by a doctor that you had dengue fever?

Yes.....1

If yes, specify:

- Most recent onset date (approximate): \_\_\_\_\_
- Name of doctor who diagnosed: \_\_\_\_\_
- Name and location of clinic / hospital where diagnosis was made:

- Address of residence when diagnosed:  
\_\_\_\_\_

Excerpt from questionnaire

- Address of workplace or school when diagnosed:  
\_\_\_\_\_

- Number of times: \_\_\_\_\_

No.....**2** }   
 Don't know / Not sure.....**888** } (Go to Q.3005)

3004a. What were the symptoms you had when you suffered from the most recent episode of dengue fever?

(Respondent may indicate more than 1 answer)

No.	Symptom	Most recent onset date	Duration of symptoms (in days)
A	Fever		
1	Chills		
2	Intense headache		
3	Body (muscle) aches		
4	Bone ache or joint pains		
5	Loss of appetite		
6	Taste alterations		
7	Nausea		
8	Vomiting		
9	Development of skin rashes		
10	Skin sensitivity		
11	Bleeding from the nose, mouth and gums		
12	Black stools, similar in appearance to coal tar		
13	Diarrhoea		
14	Severe and continuous pain in the abdomen		
15	Restlessness		
16	General weakness		
17	Drowsiness		
18	Pain behind the eye(s)		
19	Red eye(s)		
20	Cough		
21	Sore throat		
22	Runny nose		
23	Others 1 (specify): _____		
24	Others 2 (specify): _____		
25	Others 3 (specify): _____		
26	Others 4 (specify): _____		
888	Don't know		

Excerpt from questionnaire

3004b. Did you seek treatment for the most recent episode of dengue fever or suspected dengue fever?

Yes.....1  
No.....2 (Go to Q.3005)

3004c. Where did you seek treatment for your most recent episode of dengue fever?

(Respondent may indicate more than 1 answer, **circle** the responses)

Private GP.....1  
Government polyclinic.....2  
Emergency department at hospital.....3  
Don't know.....888

3004d. Have you been hospitalised for the most recent episode of dengue fever or suspected dengue fever?

Yes.....1  
If yes, specify for the most recent hospitalization for dengue:  
o Approximate admission date: \_\_\_\_\_  
o Length of stay: \_\_\_\_\_ days   
No.....2  
Don't know / Not sure.....888

3005. Have you been to any dengue endemic country (i.e. with known dengue cases) in your previous travel?

Yes.....1  
If yes, specify:  
o Approximate most recent date/period traveled: \_\_\_\_\_  
o Country of most recent travel: \_\_\_\_\_   
No.....2  
Don't know / Not sure.....888

3006. Remarks (if any)