

Participant ID Number

General Questionnaire:

1. Participant ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1.1. Date of Birth or Age	__ / __ / __ dd / mm / yy		Age ____ years
1.2. Site	DoDa <input type="checkbox"/>	Ba Vi <input type="checkbox"/>	
1.3. Interview Date	__ / __ / __ (Day/Month/Year)		
1.4. Name of interviewer			
2. Medical History	Yes	No	Unknown
2.1 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Renal disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Liver disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Lung disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Heart disease*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Malignancy*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9. Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11. Any other ongoing illness requiring treatment	<input type="checkbox"/> go to 2.12	<input type="checkbox"/> go to 2.13	<input type="checkbox"/> go to 2.13
2.12. Name/description of any ongoing illnesses listed			
2.13. Are you currently taking any medications?	<input type="checkbox"/> yes go to 2.14	<input type="checkbox"/> no go to 2.15	<input type="checkbox"/> don't know go to 2.15

2.14.	Name(s)	Tick if daily <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2.15. Have you taken antibiotics in the past 4 weeks (See annex 3 for a list of commonly used antibiotics)?	<input type="checkbox"/> yes go to 2.16	<input type="checkbox"/> no go to 3	<input type="checkbox"/> don't know go to 3	
2.16 If yes, specify name(s) of antibiotic:				
3. Hanoi travel (Ba Vi site only)	Yes	No	Unknown	
3.1. Did you travel to central Ha Noi in the last year?	<input type="checkbox"/> go to 3.2	<input type="checkbox"/> go to 4	<input type="checkbox"/> go to 4	
3.2 If yes (tick one),	<p>Most days a week? <input type="checkbox"/></p> <p>At least once/week but not most days? <input type="checkbox"/></p> <p>At least once/month but not each week? <input type="checkbox"/></p> <p>Less than monthly, but not never? <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>Won't say <input type="checkbox"/></p>			
4. JE vaccination in the past	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know	
5. Dengue infection in the past	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know	
6. Influenza vaccination in last year	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know	

Alcohol Use test

1. Participant ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1.1 Interview Date	DoDa <input type="checkbox"/>	BaVi <input type="checkbox"/>
1.2 Name of interviewer		
Date of Interview	__ / __ / __ (Day/Month/Year)	

2. Do you drink alcohol once per week or more?

 Yes (continue) No (stop here)

If Yes, how long have you been drinking for __ __ years

If Yes, record the usual amount drunk:

Type of drink	Alcohol (%)*	Amount drunk per day (ml) [†]	No. days/week

*If they are not sure about % alcohol refer to the typical drink strengths chart below.

[†] If they are not sure about the volume drunk per day refer to typical drink sizes overleaf

Example:

If the patient drinks 4 x 330ml cans of beer (5%) every day, and 2 x 200ml glasses of whiskey (40%) on Saturday and Sunday then enter:

Type of drink	Alcohol (%)	Amount drunk per day (ml)	No. days/week
Beer	5	1320 (i.e. 330 x 4)	7
Whiskey	40	400 (i.e. 200 x 2)	2

Typical drink strengths

Beer	5%	Rice alcohol (strong)	40%
Grape wine	12%	Whiskey/spirits	40%
Rice alcohol (moderate)	30%		

Typical drink sizes

