

**REDS-III Brazil Dengue Study**  
**Version – 2013-12-19**  
**Medical Record Abstraction Form (English)**

**Affix Label with: Hospital ID, Study ID,  
and Start & End Dates**

**Section A – Participant Information**

*Complete this section using the medical record for the patient with this Study ID.*

A1	Date of Record Abstraction:	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A2	Abstractor Initials:	_ _ _ _	Signature: _____
A3	Abstraction Start Time:  _ _ : _ _  (24 hour) HH MM	Abstraction End Time:  _ _ : _ _  (24 hour) HH MM	
A4	Hospital:	Hemope .....01 HUOC .....02 Procape .....03 Hemorio .....04	_ _
A5	City:	Recife .....01 Rio de Janeiro .....02	_ _
A6	Was patient admitted to the hospital or seen at an outpatient visit?	Yes .....01 No .....02 → Go to A7	_ _
A6a	How many times?	_ _  times	
A6b	Date of <u>F</u> irst Inpatient Admission or Outpatient Visit:	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A6c	Date of <u>F</u> irst Inpatient Discharge:	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A6d	Date of <u>L</u> ast Inpatient Admission or Outpatient Visit:	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A6e	Date of <u>L</u> ast Inpatient Discharge:	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A7	Patient vital status at end of last hospitalization/outpatient visit	Alive .....01 → Go to A8 Dead .....02 Unknown.....03 → Go to A8	_ _
A7a	If dead, date of death	_ _ / _ _ / _ _ _ _  DD MM CCYY	
A8	Patient's blood type	A .....01 O .....02 B .....03 AB .....04	_ _
A9	Patient's Rh factor	Positive (+) .....01 Negative (-) .....02	_ _

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**SECTION B - Signs and Symptoms**

The following questions related to clinical signs and symptoms, including complaints provided by the patient and or presentations in the patient after admission to the hospital. **Consider THE TIME PERIOD listed at the top of each page.**

B1	Does the medical record contain statements of suspected <b>dengue</b> <u>during</u> the period defined by the study?	Yes .....01 No .....02 Don't Know .....97	_ _
B2	Does the medical record contain statements of suspected <b>dengue</b> <u>prior</u> to the period defined by the study (on or after <u>December 1, 2011</u> )?	Yes .....01 No .....02 → Go to B3 Don't Know .....97 → Go to B3	_ _
B2a	If yes, when?	_ _ / _ _ / _ _ _ _  DD MM CCYY	Comments:
B3	What was/were the primary diagnosis codes (ICD-10) at time of discharge from the hospital <u>or</u> the billing code/s for each outpatient visit/consultation? For up to 5 occasions?	1 -  _ _ _ _ . _ _  Date:  _ _ / _ _ /2012	
		2 -  _ _ _ _ . _ _  Date:  _ _ / _ _ /2012	
		3 -  _ _ _ _ . _ _  Date:  _ _ / _ _ /2012	
		4 -  _ _ _ _ . _ _  Date:  _ _ / _ _ /2012	
		5 -  _ _ _ _ . _ _  Date:  _ _ / _ _ /2012	
B4	Is this patient HIV+?	Yes .....01 No .....02 Don't Know .....97	_ _
B5	Has this patient ever had an organ/tissue/bone marrow transplant?	Yes .....01 No .....02 → Go to B7 Don't Know .....97 → Go to B6	_ _
B5a	If yes, what type and when?	Organ/s: _____ _____	Date:  _ _ / _ _ / _ _ _ _  DD MM CCYY
B6	Was this patient on treatment for transplantation?	Yes .....01 No .....02 → Go to B7 Don't Know .....97 → Go to B7	_ _
B7	Was this patient on treatment for cancer (chemotherapy/radiation)?	Yes .....01 No .....02 → Go to B8 Don't Know .....97 → Go to B8	_ _
B8	Was this patient ever diagnosed with myelodysplasia?	Yes .....01 No .....02 → Go to B9 Don't Know .....97 → Go to B9	_ _
B9	Was this patient on treatment with corticosteroids?	Yes .....01 No .....02 → Go to B10 Don't Know .....97 → Go to B10	_ _

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**Vital Signs**

*(if there are more than 10 dates with these test results, complete B10 on the supplemental abstraction form)*

B10	Vital Signs (MM/DD/CCYY)	Minimum Temperature (°C)	Maximum Temperature (°C)	Minimum Blood Pressure (S/D, mmHg)	Maximum Blood Pressure (S/D, mmHg)
1	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
2	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
3	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
4	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
5	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
6	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
7	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
8	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
9	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _
10	_ _ / _ _ /2012	_ _ _ . _	_ _ _ . _	_ _ _   _ _ _	_ _ _   _ _ _

B11	Did this patient <u>report</u> having a fever on 2 or more consecutive days <u>on or before</u> this admission/outpatient consultation?	Yes .....01 No .....02 → Go to B12 Don't Know .....97 → Go to B12	_ _
B11a	If yes, on how many days?	_ _  days	
B12	Were there objective measurements to show that this patient had fever on 2 or more consecutive days during this admission/outpatient consultation?	Yes .....01 No .....02 → Go to B13 Don't Know .....97 → Go to B13	_ _
B12a	If yes, on how many days?	_ _  days	
B13	Was a tourniquet test performed during the medical record abstraction time period?	Yes .....01 No .....02 → Go to B14 Don't Know .....97 → Go to B14	_ _
B13a	If yes, what are results of tourniquet test?	Positive .....01 Negative.....02 Don't Know .....97	_ _

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**Signs and Symptoms:**

*Complete this table using information from all sources within the medical record, during the time period specified.*

	<b>Did this patient complain about/present or have...</b>	<b>Yes</b>	<b>No/Not Found in MR</b>	<b>When did this symptom begin?</b>	<b>Observations or comments in the notes (please provide as much detail as available)</b>
B14	joint pain?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	<i>If present, specify the locations at which pain occurred:</i>
B15	muscle pain?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	<i>If present, specify the locations at which pain occurred:</i>
B16	bone pain?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	<i>If present, specify the locations at which pain occurred:</i>
B17	painful eyes (pain behind the eyes or on moving your eyes)?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B18	headache?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B19	erythema?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B20	chills?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B21	malaise?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B22	vomiting?	<input type="checkbox"/>	<input type="checkbox"/> Go to B23	_ _ / _ _ /2012	
B22a	If vomiting, was blood in the vomit?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B23	diarrhea (4 or more watery loose stools in one day)?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B24	tar-like stool or red blood in stool?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B25	cough?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	

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	<b>Did this patient complain about/present or have...</b>	<b>Yes</b>	<b>No/Not Found in MR</b>	<b>When did this symptom begin?</b>	<b>Observations or comments in the notes (<i>please provide as much detail as available</i>)</b>
B26	conjunctivitis?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B27	nasal congestion?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B28	sore throat?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B29	jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B30	seizures?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B31	easy bruising or hematomas?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B32	nose bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B33	mild bleeding or petechiae (e.g., nose or gum bleeds, red or purple spots on patches of skin, or easy bruising)?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B34	rash?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	<i>If yes, specify location</i>
B35	blood in urine?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B36	<u>if female</u> , vaginal bleeding (more than usual)?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	<i>If yes, please provide as much detail as possible with respect to menstrual cycle.</i>
B37	any neurological symptoms such as agitation or lethargy?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B38	cyanosis?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B39	hepatic insufficiency?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B40	have preexisting coagulopathies?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B41	patient presented coagulation alterations?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	

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	<b>Did this patient complain about/present or have...</b>	<b>Yes</b>	<b>No/Not Found in MR</b>	<b>When did this symptom begin?</b>	<b>Observations or comments in the notes (please provide as much detail as available)</b>
B42	coagulation alterations during this admission?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	
B43	pleural effusions?	<input type="checkbox"/>	<input type="checkbox"/> Go to B44	_ _ / _ _ /2012	
B43a	If yes, how were effusions diagnosed?	Auscultation .....01 → Go to B44 Percussion .....02 → Go to B44 Imaging .....03			_ _
B43b	Type of imaging?	_____			
B44	ascites?	<input type="checkbox"/>	<input type="checkbox"/>	_ _ / _ _ /2012	

Other: Any other comments you wish to make concerning the patient’s medical record during the time period of the abstraction?

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**Laboratory Tests Results**

Record data on all complete blood count (CBC - hemogram) results for this patient.

*(if there are more than 10 dates with these test results, complete B45 on the supplemental abstraction form)*

B45	Test Results by Date (DD/MM/CCYY)	Red cell x 10 <sup>5</sup>	Hb (g/dL)	Ht (%)	RDW fL	WBC x10 <sup>3</sup>	Lympho- cytes (%)	Atypical Lympho (%)	Mono- cytes (%)	Platelets x 10 <sup>3</sup>
1	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
2	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
3	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
4	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
5	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
6	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
7	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
8	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
9	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _
10	_ _ / _ _ /2012	_ _ _ _	_ _	_ _	_ _ _	_ _ _	_ _	_ _	_ _	_ _ _ _