

APPENDIX 1: CASE REPORT

Study site: _____ Residence: _____ Date (dd/mm/yyyy): ___/___/___

Name (First/Last): _____ DOB (dd/mm/yyyy): ___/___/___ Gender: 1. Male 2. Female

Occupation: 1. Agriculture 2. Wood extraction 3. Gold extraction 4. Oil industry 5. Researcher 6. Trader 7. Tourism 8. Student 9. Police or armed forces 88. Other (specify): _____

I. PHYSICAL EXAM

- 1. Temperature: _____ °C
 - a. 1. Orally 2. Axillary
- 2. Respiratory Rate: _____ /min
- 3. Pulse: _____ /min
- 4. Blood Pressure:
 - a. Systolic: _____ mm Hg
 - b. Diastolic: _____ mm Hg
- 5. Height: _____ cm 6. Weight: _____ kg

Evaluation of systems

Complete the table and put the condition of the system in the **TYPE** part. If the type is **ABNORMAL**, specify in the next space.

	Type	Specify if abnormal
7. General appreciation		
8. Skin and annexes		
9. Subcutaneous cellular tissue		
10. Nose		
11. Mouth		
12. Head and neck		
13. Lymphatic System		
14. Osteomyoarticular System		
15. Respiratory		
16. Cardiovascular		
17. Abdomen		
18. Genitourinary		
19. Neurological		

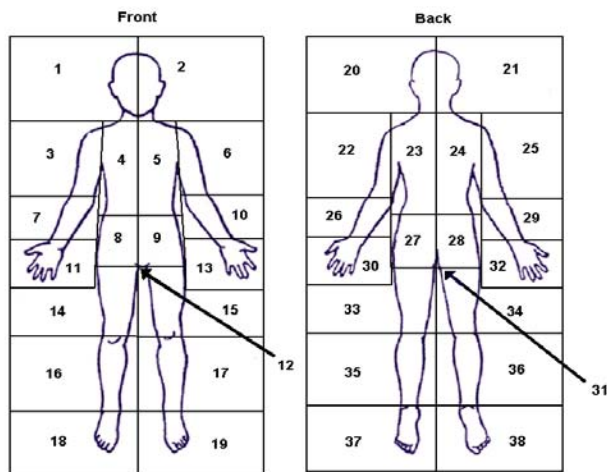
Type
0. Normal 1. Abnormal

II. CUTANEOUS LEISHMANIASIS

- 20. Have you had or do you have any skin lesions, including scars?
 - 0. No → **GO TO SECTION III**
 - 1. Yes → When? (mm/yyyy) ___/___
- 21. Time of the current disease: _____ Years Months
- 22. How many scars do you have? ___ scars.
 - a. Were those scars caused by a previous leishmaniasis infection?
 - 0. No
 - 1. Yes
 - 99. Don't apply (if the number of scars is zero)
- 23. Have you ever received antileishmanial therapy?
 - 0. No → **GO TO QUESTION 24**
 - 1. Yes
 - a. How many treatments have you received? ___ treatment(s)
 - b. What drugs did you receive? **READ EACH RESPONSE AND MARK ALL THAT APPLY:**
 - 1. Sodium stibogluconate
 - 2. Pentamidine
 - 3. Paromomycin sulfate
 - 4. Amphotericin B
 - 5. Miltefosine
 - 88. Other (specify): _____
 - c. How many days did the last treatment last? _____ day(s)
 - d. Did you complete the treatment?
 - 0. No → Specify why not? _____
 - 1. Yes → **GO TO QUESTION 24**
 - e. What was the outcome?
 - 1. Cured
 - 2. Treatment failure
 - 3. Relapsing

CODE

24. Total number of active lesions: ____ lesion(s)



25. Complete the table with all the information from each lesion. Use the figure to localize the lesions on the patient's body.

#	Begin. Date (mm/yy)	Type	Localization (code)	Size (mm)	Sample taken	Photo Code
1C				/		
2C				/		
3C				/		
4C				/		
5C				/		

Type

1. Ulcer
2. Nodule
3. Papule
4. Plaque
5. Scar

Sample taken

1. Tissue aspirate
2. Lancet sampling
3. Biopsy sampling
4. Filter paper
5. Brush sampling

26. Do you have any skin lesion infected?

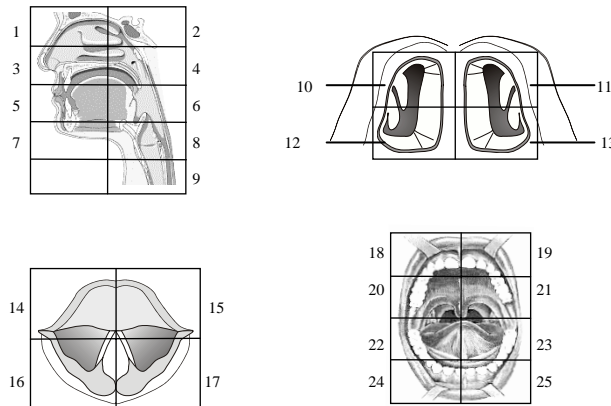
0. No
 1. Yes → What lesion codes? ____/____/____

III. MUCOSAL LEISHMANIASIS

27. Do you have any mucosal lesions (gums, nose)?

0. No → **GO TO SECTION IV**
 1. Yes

28. Time of the disease: _____ Years Months.



29. Complete the table with all the information from each lesion. Use the figure to localize the lesions.

#	Begin. Date (mm/yy)	Type	Localization (code)	Size (mm)	Sample taken	Photo Code
1M				/		
2M				/		
3M				/		
4M				/		
5M				/		

Type

1. Ulcer
2. Nodule
3. Papule
4. Plaque
5. Scar

Sample taken

1. Tissue aspirate
2. Lancet sampling
3. Biopsy sampling
4. Filter paper
5. Brush sampling

30. Complete the table with the information about the compromise in the patient's mucosal.

Structure	Type	Comments
<i>Nose</i>		
a. Nostrils		
b. 1/3 front		
c. Septum nasal		
d. Turbinates		
<i>Mouth</i>		
e. Lips		
f. Palate		
g. Uvula		
h. Pharynx		
i. Epiglottis		
j. Vocal cords		

Type of compromise

0. No compromise
1. Erythema
2. Edematous
3. Inflammation
4. Ulcerative

CODE

IV. EPIDEMIOLOGY

31. Places of residence in the last 10 years (stay more than 1 month)

#	From (M/Y)	To (M/Y)	Dpt.	Province	Dist.	Occup.
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						

Occupation:

- | | | |
|----------------------------|--------------------|---------------------------|
| 1. Agriculture | 2. Wood extraction | 3. Gold extraction |
| 4. Oil industry | 5. Researcher | 6. Trader |
| 7. Tourism | 8. Student | 9. Police or armed forces |
| 88. Other (specify): _____ | | |

Please, answer these questions about your practices and behaviors during your daily routine: MARK ONLY ONE ANSWER PER QUESTION:

1	2	3	4	5
_____	_____	_____	_____	_____
Never	Rarely	Sometimes	Often	Always

	Rating	Does not apply
32. Use mosquito repellent		
33. Use long sleeves		
34. Use insecticide-impregnated clothing		
35. Have contact with dogs		
36. Have contact with other domestic animals		
37. Were at open field on the dawn or sunset		
38. Use bed nets to sleep		
39. Sleep in rooms or places with open windows		
40. Sleep in areas near to rainforest or farm fields		
41. Have mosquito bites		
42. Have bites from "manta blanca" or "titira"		

43. Did you spray your bedroom with insecticide at the last six months?

0. No
 1. Yes.
 98. Don't know

V. LABORATORY

DON'T ASK TO THE PATIENT. COMPLETE THIS INFORMATION FROM THE LABORATORY RESULTS.

	Result
44. Direct observation	
45. Leishmanina	
46. Cultivo	
47. k-DNA	
48. Real time PCR	

Result:

0. Negative
 1. Positive
 99. Not performed

49. Leishmania species causing the current episode:

1. *L. braziliensis*
 2. *L. peruviana*
 3. *L. guyanensis*
 4. *L. panamensis*
 5. *L. lainsoni*
 98. Don't know

CODE