

Data collection form

Part A: Participant information

(Selecting individuals both agreeing further sample testing and further contact)

Participant ID **FJD CP**

First name: _____ Family Name : _____ Age: _____

Part B: Visit record sheet

Date today: ___ / ___ / 20___ (dd/mm/yyyy)

Interviewer: _____

Bula vinaka! Thank you for agreeing to take part in this research. We would like to ask you a few questions to help us understand dengue fever in Fiji. Please stop me and ask questions whenever you would like.

Have you had a fever in the last 2 years?
Circle: 1=yes 0=no, -1=don't know, -2=refused

Have you visited a doctor with a fever in the last 2 years?
Circle: 1=yes 0=no, -1=don't know, -2=refused

If YES to both	Fever episode (or 1 st episode if more than one)	2 nd episode (if more than one)	3 rd episode (if more than two)
When? Year (-1=don't know)			
Month, if known (-1=don't know)			
Did the doctor suspect it was dengue fever? 1=yes, 0=no, -1=don't know, -2=refused			
Did the doctor do a blood test for dengue fever? 1=yes, 0=no, -1=don't know, -2=refused			
Was the blood test positive for dengue fever? 1=yes 0=no, -1=don't know, -2=refused			
Were you hospitalised? 1=yes 0=no			

Have any household members visited a doctor with a fever in the last 2 years?			
Circle: 1=yes 0=no, -1=don't know, -2=refused			
If YES, give details of most recent episode (for up to 3 household members)			
	Member 1	Member 2	Member 3

That person's age now			
When? Year (-1=don't know)			
Month, if known (-1=don't know)			
Did the doctor suspect it was dengue fever? 1=yes, 0=no, -1=don't know, -2=refused			
Did the doctor do a blood test for dengue fever? 1=yes, 0=no, -1=don't know, -2=refused			
Was the blood test positive for dengue fever? 1=yes 0=no, -1=don't know, -2=refused			
Were they hospitalised? 1=yes 0=no 1=don't know, -2=refused			

Presence or absence at the house of:

Item	Yes	No	Could not find out
Mosquitoes			
Used car tires			
Open water containers (e.g. vase, bucket, oil drum)			
Air conditioning			
Blocked ditches/drains			
Other mosquito breeding grounds If yes, specify_____			

Check new telephone number if not previously recorded. Add new address GPS, if moved house. Check: is date of move recorded?

GPS coordinates of 1= front door of house, 2= community centroid,

South $0^{\circ}\square\square^{\circ}\square\square.\square\square\square'$ (circle) East $\square\square\square^{\circ}\square\square.\square\square\square'$

Any other comments?

Vinaka vaka levu.