

ANNEX 1

Clinical Information Sheet

Patient ID

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1. Sample information

	Sample number	Date of Collection (dd/mm/yyyy)
1st blood sample	A.....	/ /
2nd blood sample	B.....	/ /
CSF	C.....	/ /
Others	D.....	/ /

2. Patient basic information

Age			
Sex	M <input type="checkbox"/> / F <input type="checkbox"/>		
Province of residence		District	
Occupation			
Date of admission (dd/mm/yyyy)	/ /		
Date of discharge (dd/mm/yyyy)	/ /		

3. Pre-hospital information

Regular medication	N <input type="checkbox"/>	Y <input type="checkbox"/>	
Underlying disease	N <input type="checkbox"/>	Y <input type="checkbox"/>	diabetes <input type="checkbox"/> , heart disease <input type="checkbox"/> , liver disease <input type="checkbox"/> , renal disease <input type="checkbox"/> (hemodialysis <input type="checkbox"/>) , cerebrovascular disease <input type="checkbox"/> , cancer <input type="checkbox"/> , others.....
Vaccination	N <input type="checkbox"/>	Y <input type="checkbox"/>	diphtheria <input type="checkbox"/> , tetanus <input type="checkbox"/> , pertussis <input type="checkbox"/> , measles <input type="checkbox"/> , rubella <input type="checkbox"/> , BCG <input type="checkbox"/> , HBV <input type="checkbox"/> , Meningococcal <input type="checkbox"/> , Hib <input type="checkbox"/> , typhoid <input type="checkbox"/> , others.....
Alcohol intake	N <input type="checkbox"/>	Y <input type="checkbox"/>	everyday <input type="checkbox"/> , sometime <input type="checkbox"/>
Smoking	N <input type="checkbox"/>	Y <input type="checkbox"/>/ pack-year
Significant previous illness	N <input type="checkbox"/>	Y <input type="checkbox"/>
Referral from other hospitals	N <input type="checkbox"/>	Y <input type="checkbox"/>	which hospital.....

4. Epidemiological information

Residence	central Hanoi <input type="checkbox"/> , not central Hanoi <input type="checkbox"/> , outside Hanoi <input type="checkbox"/>				
	urban <input type="checkbox"/> , rural <input type="checkbox"/>				
	flatland <input type="checkbox"/> , mountainous <input type="checkbox"/> , coastal <input type="checkbox"/>				
Animal contact (within 1 month) Pet, livestock, many seen around house	N <input type="checkbox"/>	Y <input type="checkbox"/>	pig <input type="checkbox"/> , chicken <input type="checkbox"/> , rat <input type="checkbox"/> , dog <input type="checkbox"/> , cat <input type="checkbox"/> , others.....		
Insect bite (within 1 month)	N <input type="checkbox"/>	do not know <input type="checkbox"/>	Y <input type="checkbox"/>	tick <input type="checkbox"/> , mite <input type="checkbox"/> , others.....	
Travel history (within 1 month)	N <input type="checkbox"/>	Y <input type="checkbox"/>	where.....		
Similar symptom in family	N <input type="checkbox"/>	Y <input type="checkbox"/>	who.....		

5. Clinical manifestation

Duration of fever before admission (days)					
Onset of fever Sudden; over 1-2 days Progressive; over 3-5 days	sudden <input type="checkbox"/> , gradual <input type="checkbox"/>				
Character of fever continous; high temp. without falling intermittent; sometimes normal temp. periodical; repeating every several days	continuous <input type="checkbox"/> , intermittent <input type="checkbox"/> , periodical <input type="checkbox"/>				
Any symptoms below during the period from onset to admission?					
headache	N <input type="checkbox"/>	Y <input type="checkbox"/>	abdominal pain	N <input type="checkbox"/>	Y <input type="checkbox"/>
sore throat	N <input type="checkbox"/>	Y <input type="checkbox"/>	nausea/vomiting	N <input type="checkbox"/>	Y <input type="checkbox"/>
myalgia	N <input type="checkbox"/>	Y <input type="checkbox"/>	back pain	N <input type="checkbox"/>	Y <input type="checkbox"/>
rigor	N <input type="checkbox"/>	Y <input type="checkbox"/>	joint pain	N <input type="checkbox"/>	Y <input type="checkbox"/>
chest pain	N <input type="checkbox"/>	Y <input type="checkbox"/>	loss of consciousness	N <input type="checkbox"/>	Y <input type="checkbox"/>
cough	N <input type="checkbox"/>	Y <input type="checkbox"/>	mental change	N <input type="checkbox"/>	Y <input type="checkbox"/>

6. Physical findings around admission

Blood pressure	/	mmHg
Heart rate (pulse rate)	/min	
Respiratory rate	/min	
SpO2	%	
Consciousness	Glasgow coma scale.....	

Structure	small <input type="checkbox"/> , moderate <input type="checkbox"/> , tall <input type="checkbox"/>		fat <input type="checkbox"/> , thin <input type="checkbox"/>	
Injected conjunctiva	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Anemic conjunctiva	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Icteric conjunctiva	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Injected throat	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Lung rale	N <input type="checkbox"/>	Y <input type="checkbox"/>	right <input type="checkbox"/> , left <input type="checkbox"/> , both <input type="checkbox"/>	wheeze <input type="checkbox"/> , crackle <input type="checkbox"/>
Heart murmur	N <input type="checkbox"/>	Y <input type="checkbox"/>	systolic <input type="checkbox"/> , diastolic <input type="checkbox"/>	
Abdominal tenderness	N <input type="checkbox"/>	Y <input type="checkbox"/>	right upper <input type="checkbox"/> , left upper <input type="checkbox"/> , right lower <input type="checkbox"/> , left lower <input type="checkbox"/>	
Abdominal distention	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Hepatomegaly	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Splenomegaly	N <input type="checkbox"/>	Y <input type="checkbox"/>		
CVAknocking tenderness	N <input type="checkbox"/>	Y <input type="checkbox"/>	right <input type="checkbox"/> , left <input type="checkbox"/> , both <input type="checkbox"/>	
Edema	N <input type="checkbox"/>	Y <input type="checkbox"/>	leg <input type="checkbox"/> , face <input type="checkbox"/> , others.....	
Skin congestion	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Rash	N <input type="checkbox"/>	Y <input type="checkbox"/>	body <input type="checkbox"/> , legs <input type="checkbox"/> , others.....	macular <input type="checkbox"/> , papular <input type="checkbox"/> , maculopapular <input type="checkbox"/> , blister <input type="checkbox"/> , hemorrhagic <input type="checkbox"/> , erythema <input type="checkbox"/>
Eschar	N <input type="checkbox"/>	Y <input type="checkbox"/>	body <input type="checkbox"/> , legs <input type="checkbox"/> , others.....	Number; 1 <input type="checkbox"/> , 2 or more <input type="checkbox"/>
Lymphnode swelling	N <input type="checkbox"/>	Y <input type="checkbox"/>	neck <input type="checkbox"/> , axilla <input type="checkbox"/> , inguinale <input type="checkbox"/>	Number; 1 <input type="checkbox"/> , 2 or more <input type="checkbox"/>
Joint swelling	N <input type="checkbox"/>	Y <input type="checkbox"/>	knee <input type="checkbox"/> , ankle <input type="checkbox"/> , elbow <input type="checkbox"/> , wrist <input type="checkbox"/> , others.....	
Calf tenderness	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Neck stiffness	N <input type="checkbox"/>	Y <input type="checkbox"/>		
Paralysis	N <input type="checkbox"/>	Y <input type="checkbox"/>	right <input type="checkbox"/> , left <input type="checkbox"/> , others.....	

7. Laboratory data and imaging

1st basic routine lab data after admission			date (...../...../.....)		
WBC		ALP		Na	
Neu		Tbil		K	
Hb		Dbil		Cl	
Ht		TP		Ca	
Plt		Alb		Glucose	
sGOT		UN		CRP	
sGPT		Creatinine			

Further lab data					
HIV	positive <input type="checkbox"/> , negative <input type="checkbox"/> , not checked <input type="checkbox"/>			CD4 count	
Cultures	blood <input type="checkbox"/> , sputum <input type="checkbox"/> , urine <input type="checkbox"/> , CSF <input type="checkbox"/> , others <input type="checkbox"/>			result	
CSF analysis	date...../...../.....	protein....., glucose....., cells..... (neutro.....%, lymph.....%)			
Serology	for.....	blood <input type="checkbox"/> , CSF <input type="checkbox"/>	date...../...../.....	result	
PCR	for.....	blood <input type="checkbox"/> , CSF <input type="checkbox"/> , sputum <input type="checkbox"/> , others <input type="checkbox"/>	result		
ANA		Other tests			
Biopsy	date...../...../.....	specimen		result	
Imaging study					
Chest X ray	normal <input type="checkbox"/>	infiltrate <input type="checkbox"/> , consolidation <input type="checkbox"/>	single <input type="checkbox"/> , multiple <input type="checkbox"/>	R <input type="checkbox"/> , L <input type="checkbox"/>	
Abdominal US	normal <input type="checkbox"/>	result			
CT	chest <input type="checkbox"/> , brain <input type="checkbox"/> , (...../...../.....) abdominal <input type="checkbox"/> , others <input type="checkbox"/>		normal <input type="checkbox"/> , result.....		
MRI	brain <input type="checkbox"/> , others <input type="checkbox"/>		normal <input type="checkbox"/> , result.....		
	(...../...../.....)				

8. Final diagnosis

N <input type="checkbox"/>	Y; clinical diagnosis <input type="checkbox"/>, confirmed diagnosis <input type="checkbox"/>
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9. Treatment

1st Antibiotics	from...../...../.....		g/day		days
2nd Antibiotics	from...../...../.....		g/day		days
3rd Antibiotics	from...../...../.....		g/day		days
Steroid	from...../...../.....		mg/day		days
Other Tx	from...../...../.....				

10. Hospital course

Patient status	recovery <input type="checkbox"/> , sequelae <input type="checkbox"/> , died <input type="checkbox"/> , discharge w/o recovery <input type="checkbox"/>
Defervescence	date/...../.....
Disappearance of rash	date/...../.....
Drug adverse effects	N <input type="checkbox"/> , Y.....