Questionnaire for Patients with COVID-19-like Symptoms

Patient ID: _____
Date of Admission: _____
Date of Questionnaire Completion: _____

Section 1: Demographic Information

1. Code: _____
2. Age (months/years): _____
3. Gender:
   - ☐ Male
   - ☐ Female
4. Underlying Medical Conditions:
   - ☐ None
   - ☐ Congenital Heart Disease
   - ☐ Epilepsy
   - ☐ Autism
   - ☐ Mucopolysaccharidosis
   - ☐ Liver Cirrhosis
   - ☐ Aplastic Anemia
   - ☐ Other: _____
5. Family History of COVID-19:
   - ☐ Yes
   - ☐ No
6. Hospital Ward:
   - ☐ Emergency Department
   - ☐ ICU (Intensive Care Unit)
   - ☐ Other Ward: _____

Section 2: Clinical Symptoms

(Please tick all symptoms that apply)

- ☐ Fever
- ☐ Cough
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Sore Throat
- ☐ Rhinorrhea (runny nose)
- ☐ Seizures
- ☐ Abdominal Pain
- ☐ Respiratory Distress
- ☐ Headache
- ☐ Tachypnea (rapid breathing)
- ☐ Myalgia (muscle pain)
- ☐ Other Symptoms (please specify): _____

Section 3: Hospitalization and Treatment

1. Oxygen Support Required:
   - ☐ Yes
   - ☐ No
2. Type of Oxygen Support:
   - ☐ Nasal Cannula
   - ☐ Face Mask
   - ☐ Intubation/Ventilation
3. ICU Admission:
   - ☐ Yes
   - ☐ No
4. Length of Hospital Stay (in days): _____

Section 4: Laboratory Findings

(Please fill based on available lab reports.)

1. White Blood Cell Count (WBC): _____ × 10^9/L
2. Neutrophil Count: _____ × 10^9/L
3. Lymphocyte Count: _____ × 10^9/L

4. C-Reactive Protein (CRP): _____ mg/L
5. Erythrocyte Sedimentation Rate (ESR): _____ mm/h
6. Blood Urea Nitrogen (BUN): _____ mg/dL
7. Creatinine: _____ mg/dL
8. D-dimer: _____ μg/mL
9. Ferritin: _____ ng/mL
10. Fibrinogen: _____ mg/dL
11. Albumin: _____ g/dL

Section 5: Viral Infection Test Results

1. Was any respiratory virus detected?
    - ☐ Yes
    - ☐ No

If Yes, specify (tick all that apply):

- ☐ Influenza A (FluA)
- ☐ Influenza B (FluB)
- ☐ Cytomegalovirus (CMV)
- ☐ Human Coronavirus OC43 (HCOV-OC43)
- ☐ Respiratory Syncytial Virus (RSV)
- ☐ Adenovirus (ADV)
- ☐ Parainfluenza Virus 1 (PIV-1)
- ☐ Parainfluenza Virus 2 (PIV-2)
- ☐ Parainfluenza Virus 3 (PIV-3)
- ☐ Other: _____

Signature of Data Collector: _____
Date: _____