CASE REPORT FORM

1. Inclusion / Exclusion Criteria (NOTE: Please use a ✓)

1.1 Inclusion Criteria

[__] Informed consent obtained

1.2 Exclusion Criteria

[__] Any condition that, in the opinion of the investigator, would complicate or compromise the study or well being of the patient.

2. Demographic Information at Enrolment

Date of enrolment [__I__I/__I__]/[__I__] *dd/mm/yy*

Age in year [ ]

Sex [__] Male [__] Female

If female, does the patient have a known pregnancy? [__] yes [__] no

Weight on enrolment [__I__I__].[__] kg Height [__I__I__] cm

Body Mass Index (BMI) [__I__].[__] / [__] kg/m^2

2.1 Vital Signs

Temperature [__I__I__].[__] ^oC
Blood pressure (systolic) [__I__I__] /mmHg

(diastolic) [__I__I__] /mmHg

Pulse [__I__I__] per minute

Respiratory rate* [__I__I__] per minute *after rested at least 5 minutes

3. CLINICAL DEFINITION OF DENGUE (DK="don't know")

Medical Condition	**Y/N/DK**	**Severity** (1-3=mild, 4-7=moderate, 8-10 severe)	**Days present**
Malaise		Severity ____	
Flushing		Severity ____	
Vomiting *If yes, number of episodes* ____			
Nausea		Severity ____	
Diarrhoea *If yes, number of episodes* ____			
Muscle pain		Severity ____	

Joint pain		Severity ____	
Retroorbital pain		Severity ____	
Rash *If yes, please indicate below:* [__] maculopapular [__] erythematous		Severity ____	
Headache		Severity ____	
Conjunctivitis		Severity ____	
Bleeding *If yes, please indicate below:* [__] gums [__] nose [__] Ecchymosis [__] epistaxis [__] GI [__] petechiae [__] Vaginal [__] other, _____ [__] Urinary tract			
Edema *If yes, please indicate below:* (1=periph.; 2=facial; 3=peri+fac.) [__] no [__] yes [__] unclear/not assessed *If 'yes*', code [__]			
Fever *If yes, please indicate below:* Temperature [__][__].[__] °C Date of fever onset: [__][__]/[__][__]/[__][__] dd/mm/yy Time of fever onset: [__][__]:[__][__] hh:mm Number of days of fever at the time of enrollment			
Respiratory distress Comments (if any) _____			
Chest pain / discomfort		Severity ____	
Abdominal pain / discomfort		Severity ____	
Ascites Comments (if any) _____			
Liver enlargement >2cm			
Pleural effusion Comments (if any) _____			
Neurological Symptoms (rare) If yes, _____ (symptom)		Severity ____	

[__] impaired consciousness [__] lethargy [__] restlessness			

3.1 Medications for dengue

Has the patient taken any medications for dengue? [__] yes [__]no

If yes, _____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy)

_____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy)

_____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy)

Was the patient administered parenteral fluid? [__] no [__] yes

If 'yes': [__I__I__I__] ml For maintenance only? [__] yes Type: _____

For rehydration? [__] yes *(crystalloid, colloid, blood, plasma, etc.)*

For shock resuscitation? [__] yes

4. Past Medical History (DK="don't know"). (NOTE: Please use a ✓)

Medical condition	**YES**	**NO**	**DK**	**Medical condition**	**YES**	**NO**	**DK**
Asthma				Seasonal or environmental allergies [__] animals [__] dust [__] mold [__] pollen [__] other, _____ [__] Don't know allergen			
Diabetes							
Food allergy *If yes, to what food?* _____							
Allergy to insect bites				Chronic inflammatory disorder of the skin [__] chronic uticaria [__] eczema [__] contact dermatitis [__] psoriasis			
Drug allergy *If yes, to what drug?* _____				Others *If 'Yes', please specify:* _____			
Anaphylaxis requiring hospitalization or family history of anaphylaxis? If yes [__] patient [__] mother [__] father [__] grandparent [__] sibling				Inflammatory bowel disease [__] colitis [__] Crohn's disease [__] other, _____			
Hospitalization due to dengue				Previous diagnosis of laboratory confirmed dengue?			

				If yes, date(s) of diagnosis _____ *If yes, location(s) of diagnosis* _____			

5. Baseline Measures

White Blood Count	_____	$x10^9$/L	[__] Not Collected
Serum Creatinine	_____	umol/L	[__] Not Collected
Hemoglobin	_____	g/dL	[__] Not Collected
Platelet Count	_____	$x10^9$/L	[__] Not Collected
RBC count	_____	$x10^{12}$/L	[__] Not Collected
Neutrophil count	_____	$x10^9$/L	[__] Not Collected
Monocyte count	_____	$x10^9$/L	[__] Not Collected
Lymphocyte count	_____	$x10^9$/L	[__] Not Collected
Eosinophil count	_____	$x10^9$/L	[__] Not Collected
Basophil count	_____	$x10^9$/L	[__] Not Collected
Hematocrit	_____	%	[__] Not Collected
AST	_____	U/L	[__] Not Collected
ALT	_____	U/L	[__] Not Collected

6. Laboratory Confirmation of Dengue

PCR	**NS1**	**IgM**	**IgG**
[__]+ve [__] –ve [__] ND	[__]+ve [__] –ve [__] ND	[__]+ve [__] –ve [__] ND	[__]+ve [__] –ve [__] ND

7. Return Visit Questionnaire (Study Day 4-5) (DK="don't know")

Today's Date [__I__I/__I__]/[__I__] *dd/mm/yy*

Medical Condition	**Y/N/DK**	**Severity** (1-4=mild, 4-7=moderate, 8-10 severe)	**Days present**
Malaise		Severity ____	
Flushing		Severity ____	
Vomiting *If yes, number of episodes* ____			
Nausea		Severity ____	
Diarrhoea *If yes, number of episodes* ____			
Muscle pain		Severity ____	
Joint pain		Severity ____	
Retroorbital pain		Severity ____	
Rash		Severity ____	

If yes, please indicate below: [__] maculopapular [__] erythematous			
Headache		Severity ____	
Conjunctivitis		Severity ____	
Bleeding *If yes, please indicate below:* [__] gums [__] nose [__] Ecchymosis [__] epistaxis [__] GI [__] petechiae [__] Vaginal [__] other, _____ [__] Urinary tract			
Edema *If yes, please indicate below:* (1=periph.; 2=facial; 3=peri+fac.) [__] no [__] yes [__] unclear/not assessed *If 'yes*', code [__]			
Fever *If yes, please indicate below:* Temperature [__][__].[__] °C Date of fever onset: [__][__]/[__][__]/[__][__] dd/mm/yy Time of fever onset: [__][__]:[__][__] hh:mm			
Respiratory distress Comments (if any) _____			
Chest pain / discomfort		Severity ____	
Abdominal pain / discomfort		Severity ____	
Ascites Comments (if any) _____			
Liver enlargement >2cm			
Pleural effusion Comments (if any) _____			
Neurological Symptoms (rare) If yes, _____ (symptom) [__] impaired consciousness [__] lethargy [__] restlessness		Severity ____	
3.1 Medications for dengue			
Has the patient taken any medications for dengue? [__] yes [__]no If yes, _____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy) _____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy)			

_____ (drug) _____ (dose) [__][__]/[__][__]/[__][__] (date, dd/mm/yy)
Was the patient administered parenteral fluid? [__] no [__] yes If 'yes': [__I__I__I__] ml For maintenance only? [__] yes Type: _____ For rehydration? [__] yes *(crystalloid, colloid, blood, plasma, etc.)* For shock resuscitation? [__] yes

8. Case Classification

8.1 2009 Definition (NOTE: Please use a ✓ to indicate your option)	**YES**	**NO**
Dengue fever		
Dengue fever with warning signs (any day, from day 3 of illness) If 'Yes', which of the warning signs mentioned below are experienced by the patient?		
a. Abdominal pain or tenderness		
b. Persistent vomiting		
c. Clinical fluid accumulation		
d. Mucosal bleed		
e. Lethargy/restlessness		
f. Liver enlargement > 2cm		
g. Increase in hematocrit concurrent with rapid decrease in platelet count		
Severe dengue		
a. If 'Yes', is there severe plasma leakage?		
Significant bleeding as evaluated by clinician		
Severe organ involvement:		
a. Severe liver involvement with AST>=1000 or ALT >= 1000		
b. Impaired consciousness with GCS < 15 or BCS < 5		
Cannot be classified *If 'Yes', please specify the reason:*		
8.2 2011 Classification (NOTE: Please use a ✓ to indicate your option)	**YES**	**NO**
Classical dengue fever		
Dengue Hemorrhagic Fever *If yes,* DHF Grade (please specify between 1-4): _____		
Dengue fever with unusual manifestations*, but no leakage **If yes, Fill the "Expanded dengue syndrome checklist"*		

Study Sites **Code (for subject #)**