

STUDY ID _____

DATE ____/____/____
DD MM YY

SEEN/EXAM BY (INITIALS): ____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: ____ DATA ENTRY: ____

IDENTIFYING INFORMATION1. **Patient name**

First: _____

Last: _____

2. **BHT:** _____ **Ward:** _____3. **Patient's hometown:** _____4. **Town spends most time in:** _____**Address & directions (for home visit)**_____

_____5. **Patient home telephone:** _____**Patient mobile telephone:** _____**Other telephone:** _____

Specify type/relation: _____

6. **Ethnicity:** ☐ Sinhalese ☐ SL Tamil ☐ Indian
☐ Tamil ☐ Burgher ☐ Moor ☐ Malay☐ Other: _____7. **Previously enrolled in this study?** ☐ yes ☐ no**BACKGROUND/EPIDEMIOLOGY**8. **DOB** ____/____/____
DD MM YY9. **Age** ____ yrs ____ mos10. **Sex** ☐ M ☐ F11. **Date of admission:** ____/____/____
DD MM YY12. **Sick contact in past 2 weeks?** ☐ yes ☐ no

Date of first contact with sick person?

____/____/____
DD MM YY☐ in house ☐ at work or school ☐ other: _____Contact had: ☐ Resp illness ☐ Fever ☐ Other: _____13. **Travel in last 30 days** ☐ yes ☐ nolast date ____/____/____
DD MM YYIf yes, type: ☐ SL ☐ International: _____

If Sri Lankan:

Province **City/ Village**☐ Southern _____☐ Western _____☐ Northern _____☐ North Western _____☐ North Central _____☐ Central _____☐ Sabaragamuwa _____☐ Eastern _____☐ Uva _____14. **Work (Adults ≥18 years)**☐ housewife ☐ unemployed ☐ retired☐ school ☐ factory ☐ indoor laborer☐ farmer ☐ outdoor laborer☐ merchant/ shop/office worker☐ other _____15. **Children <18 years**☐ study ☐ home ☐ work16. **Education**☐ < O/L ☐ O/L ☐ A/L ☐ >A/L ☐ Graduate17. **Residence**☐ urban ☐ semi urban ☐ semi-rural ☐ rural18. **Exposure to tobacco smoke**☐ never☐ current ____ cigs/day for ____ yrs☐ prior ____ cigs/day for ____ yrs, quit ____
YY

Other (if not cigarettes): _____

19. **Passive tobacco exposure?** ☐ yes ☐ noIf yes, place: ☐ home ☐ work ☐ other: _____20. **Current alcohol use?** ☐ yes ☐ no

Type: _____ Ave. # drinks per week: _____

Prior heavy alcohol use? ☐ yes ☐ no**Betel nut use?** ☐ yes ☐ no21. **Animal exposures in past 4 weeks (home/work):**☐ chickens ☐ ducks/geese ☐ other birds ☐ pigs☐ bats ☐ none22. **Wood burning cookstove at home?**☐ yes ☐ noIf yes, location: ☐ outdoors ☐ in home

STUDY ID _____ DATE __/__/__ (DD/MM/YR) SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

CLINICAL BACKGROUND

23. Medical problems

- | | | |
|--|--|--------------------------------------|
| ☐ None | ☐ Chronic kidney disease | ☐ On dialysis |
| ☐ Asthma | ☐ Chronic liver disease | |
| ☐ Bronchiectasis | ☐ Anemia/ thalassemia | |
| ☐ COPD | ☐ Cancer (active w/i last 5 yrs): _____ | |
| ☐ HTN | ☐ HIV | |
| ☐ Ischemic heart disease | ☐ History of pulmonary TB (when treated? _____) | |
| ☐ CHF | | |
| ☐ Diabetes | | |
| ☐ Immunosuppression in past 30d? | | |
| ☐ Recent high-dose steroids (60 mg prednisone/day for 3 days equivalent) | | |
| ☐ Chronic/Long-term steroids (10mg prednisone/day for >30 days) | | |
| ☐ Chemotherapy | | |
| ☐ Anti-rheumatic drugs (e.g. methotrexate, cyclophosphamide, mycophenylate, TNF-inhibitors) | | |
| ☐ Radiation | | |
| ☐ Other immunosuppressant: _____ | | |
| ☐ History of transplant: ☐ yes ☐ no | | |
| ☐ Solid organ: _____ | ☐ Bone marrow | Date: ____/____/____
DD MM YY |
| ☐ Other medical problem: _____ | | |

24. Vaccination

- | | | |
|-------------------------|--|----------------------------------|
| Dengue | ☐ never ☐ yes: _____ | ☐ unknown |
| | YYs received | |
| Influenza | ☐ never ☐ yes: _____ | ☐ unknown |
| | YYs received | |
| <i>Strep pneumoniae</i> | ☐ never ☐ yes: _____ | ☐ unknown |
| | YYs received | |
| BCG | ☐ never ☐ yes: _____ | ☐ unknown |
| | YYs received | |

25. Antibiotics for this illness before admission

☐ yes ☐ no ☐ unsure

Received from: ☐ GP ☐ OPD ☐ Pharmacy ☐ Other: _____

Type:

- | | |
|--|---|
| ☐ amoxicillin/penicillin | ☐ Fluoroquinolone (e.g. ciprofloxacin) |
| ☐ amoxicillin + clavulanate (augmentin) | ☐ doxycycline/tetracycline |
| ☐ cephalosporin | ☐ azithromycin/erythro/clarithro |
| ☐ nitrofurantoin | ☐ metronidazole |
| ☐ cotrimoxazole | ☐ other: _____ |

The following three questions refer to the antibiotics you took before admission in the hospital

25b. Who instructed you on how to use the antibiotics checked above?

☐ no one ☐ family/friend/neighbor ☐ retailer/pharmacist ☐ doctor/physician ☐ other, namely: _____

25c. How many days did you take the medicine (antibiotic) checked above? _____ days ☐ did not take

25d. Did you miss any doses of the prescribed antibiotic in the period before admission?

☐ none ☐ some doses ☐ most doses ☐ all doses

26. Traditional medicines for this illness before admission

☐ yes ☐ no Type: ☐ paspanguwa ☐ samahan ☐ koththamalli ☐ other: _____

STUDY ID _____ DATE __/__/__(DD/MM/YR) SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

27. ECONOMIC IMPACT of current illnessExpenditures *prior to admission and for current hospitalization* (Rs)

	GP	OPD	Other: _____	Current hospitalization
Transport	☐ Motorbike _____ km ☐ Trishaw _____ Rs ☐ Car/private _____ km ☐ Bus _____ Rs ☐ Walked _____ ☐ Other: _____ Rs	☐ Motorbike _____ km ☐ Trishaw _____ Rs ☐ Car/private _____ km ☐ Bus _____ Rs ☐ Walked _____ ☐ Other: _____ Rs	☐ Motorbike _____ km ☐ Trishaw _____ Rs ☐ Car/private _____ km ☐ Bus _____ Rs ☐ Walked _____ ☐ Other: _____ Rs	☐ Motorbike _____ km ☐ Trishaw _____ Rs ☐ Car/private _____ km ☐ Bus _____ Rs ☐ Walked _____ ☐ Other: _____ Rs
Consultation				-----
Lab studies				-----
Medication				-----
Total (if ind. unknown)				-----

Expenditures for **another** hospitalization for **current** illness
☐ Private hospital: _____ Total cost: _____ Rs
 ☐ Public hospital: _____ Total cost: _____ Rs

Visits for current illness (prior to admission): _____ GP _____ OPD _____ Other

How much work missed for this illness? _____ (days)

How much school missed for this illness? _____ (days)

How much work did your caretaker/ family member (_____) miss for this illness? _____ (days)

How much school did your caretaker/ family member (_____) miss for this illness? _____ (days)

28. CLINICAL SYMPTOMSDate of 1st symptom onset: ____/____/____
DD MM YY

SYMPTOM	No	Yes	# days	Highest severity in past 7 days				
				(Mild)	Moderate	Severe	Very Severe	Can't tell, for <5 yrs only)
Fever	☐	☐	_____	1	2	3	4	5
Chills	☐	☐	_____	1	2	3	4	5
Sneezing	☐	☐	_____	1	2	3	4	5
Runny nose	☐	☐	_____	1	2	3	4	5
Nasal congestion	☐	☐	_____	1	2	3	4	5
Cough	☐	☐	_____	1	2	3	4	5
☐ dry ☐ productive ☐ bloody								
If chronic cough, change in sputum color: ☐ No ☐ Yes Change in sputum amount: ☐ No ☐ Yes								
Sore throat	☐	☐	_____	1	2	3	4	5
Scratchy/ itchy throat	☐	☐	_____	1	2	3	4	5
Hoarse/ voice change	☐	☐	_____	1	2	3	4	5
Short of breath	☐	☐	_____	1	2	3	4	5
Wheezing	☐	☐	_____	1	2	3	4	5
Pain with inspiration	☐	☐	_____	1	2	3	4	5
Chest pain	☐	☐	_____	1	2	3	4	5
Ear pain	☐	☐	_____	1	2	3	4	5
Decreased hearing	☐	☐	_____	1	2	3	4	5
Pain behind eyes	☐	☐	_____	1	2	3	4	5
Itchy/ watery eyes	☐	☐	_____	1	2	3	4	5
Stiff neck	☐	☐	_____	1	2	3	4	5
Headache	☐	☐	_____	1	2	3	4	5
Malaise/ fatigue	☐	☐	_____	1	2	3	4	5
Decreased appetite	☐	☐	_____	1	2	3	4	5
Joint pain	☐	☐	_____	1	2	3	4	5
Muscle pain	☐	☐	_____	1	2	3	4	5
Rash /flushing	☐	☐	_____	1	2	3	4	5
Abdominal pain	☐	☐	_____	1	2	3	4	5
Vomiting	☐	☐	_____	1	2	3	4	5
Diarrhea (>3x/24h)	☐	☐	_____	1	2	3	4	5
Painful urination	☐	☐	_____	1	2	3	4	5
Decreased urination	☐	☐	_____	1	2	3	4	5
Bleeding	☐	☐	_____	1	2	3	4	5
Pregnancy	☐	☐	_____ wks					

STUDY ID _____ DATE __/__/__(DD/MM/YR) SEEN/EXAM BY (INITIALS): ____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: ____ DATA ENTRY: ____

29. EXAM FINDINGS at admission or within 24 hours of admission

a. Temp: ____°F Circle: oral, tympanic, axil, rectal

b. Resp rate ____ HR ____ BP ____ / ____ mmHg

c. O2 saturation ____%

d. Height (length if <2 yrs): ____ cm Wt: ____ kg

Weight-for-height z-score (<5 years old): ____

e. Conjunctival injection/suffusion ☐Yes ☐No

f. Jaundice ☐Yes ☐No

g. Throat erythema ☐Yes ☐No

h. Nodes: ☐None ☐Cervical ☐Diffuse ☐Other _____

i. Pulmonary Yes No B/L U/L

i. Crepitations/ crackles ☐ ☐ ☐ ☐

ii. Rhonchi/ wheezing ☐ ☐ ☐ ☐

iii. Dullness ☐ ☐ ☐ ☐

iv. Absent breath sounds ☐ ☐ ☐ ☐

v. Nasal flaring/ grunting ☐ ☐ ☐ ☐

vi. Central cyanosis ☐ ☐ ☐ ☐

vii. Chest wall indrawing ☐ ☐ ☐ ☐

j. Abdomen YES NO SIZE IN CM

i. Enlarged liver ☐ ☐ ____ (span)

ii. Tender abdomen ☐ ☐

iii. Enlarged spleen ☐ ☐ ____ (BCM)

iv. Free fluid ☐ ☐

k. CNS

☐Alert ☐Drowsy ☐Confused ☐Coma

l. Rash ☐yes ☐no

If yes, type: ☐petechial ☐flushed skin (erythema)

☐papules ☐eschar

☐other: _____

m. Capillary refill ☐ <2 sec ☐ 2-3 sec ☐ >3 sec

n. Other physical exam abnormality: ☐yes ☐no

If yes: _____

CLINICAL DIAGNOSIS on admission

☐Upper respiratory tract infection (pharyngitis/ sinusitis/otitis)

☐Lower respiratory tract infection (bronchitis/ bronchiolitis/ pneumonia)

☐Pulmonary tuberculosis

☐COPD exacerbation

☐Asthma exacerbation

☐Other viral fever

☐Dengue

☐Leptospirosis

☐Typhus

☐Non-infectious: _____

☐Other _____

STUDY ID _____ DATE __/__/__
DD MM YY

SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

LABORATORY AND RADIOLOGIC TESTS DURING HOSPITALIZATION

Test	Day -1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Date (dd/mm)									
Hemoglobin (g/dl)									
Hematocrit (%)									
Platelets ($10^{12}/L$)									
WBC ($10^9/L$)									
- Neutrophils (%)									
- Monocytes (%)									
- Lymphocytes (%)									
- Eosinophils (%)									
AST/SGOT (U/L)									
ALT/SGPT (U/L)									
T. bilirubin ($\mu\text{mol}/L$)									
(mg/dL)									
Albumin (g/L)									
Total protein (g/L)									
CRP (mg/L)									
ESR (mm/hr)									
BNP (pg/mL)									
Creatinine ($\mu\text{mol}/L$)									
(mg/dL)									
Urea nitrogen (mmol/L)									
(mg/dL)									
Urine protein									
RBC per HPF									
WBC per HPF									
NS1 test done?									
NS1 test result									
Dengue IgG done?									
Dengue IgG result									
Dengue IgM done?									
Dengue IgM result									
Na									
K									
Other: _____									
ABG	pH								
	lactate								
	pO2								
	pCO2								
	HCO3-								
	FiO2								

Include labs obtained before admission under Day -1, Day 1 is the first day of hospitalization

STUDY ID _____ DATE / /
DD MM YY

SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

MICROBIOLOGY TEST RESULTS

TB Gene Xpert: / / Result: _____
DD MM YY

Culture	Result	Date (dd/mm/yy)	Organism & resistance pattern	# colonies
Urine	☐ pos ☐ neg			
Urine	☐ pos ☐ neg			
Urine	☐ pos ☐ neg			
Blood	☐ pos ☐ neg			
Blood	☐ pos ☐ neg			
Blood	☐ pos ☐ neg			
Sputum	☐ pos ☐ neg			
Sputum	☐ pos ☐ neg			
Sputum	☐ pos ☐ neg			
Other:	☐ pos ☐ neg			

RADIOLOGY FINDINGS

Study	DATE	Reading	Parenchymal pattern	Effusion
Chest X-ray	<u> </u> / <u> </u> DD MM	☐ normal ☐ abnormal	☐ opacity/ consolidation ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Lingula ☐ interstitial pattern ☐ nodules (location & size: _____) ☐ mass (location & size: _____) ☐ other: _____	☐ None ☐ Left ☐ Right
Chest X-ray	<u> </u> / <u> </u> DD MM	☐ normal ☐ abnormal	☐ opacity/ consolidation ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Lingula ☐ interstitial pattern ☐ nodules (location & size: _____) ☐ mass (location & size: _____) ☐ other: _____	☐ None ☐ Left ☐ Right
Chest X-ray	<u> </u> / <u> </u> DD MM	☐ normal ☐ abnormal	☐ opacity/ consolidation ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Lingula ☐ interstitial pattern ☐ nodules (location & size: _____) ☐ mass (location & size: _____) ☐ other: _____	☐ None ☐ Left ☐ Right
Chest CT	<u> </u> / <u> </u> DD MM	☐ normal ☐ abnormal	☐ opacity/ consolidation ☐ RUL ☐ RML ☐ RLL ☐ LUL ☐ LLL ☐ Lingula ☐ interstitial pattern ☐ nodules (location & size: _____) ☐ mass (location & size: _____) ☐ other: _____	☐ None ☐ Left ☐ Right

Other radiology test #1: _____

Date: / /
DD MM YY

Result: _____

STUDY ID _____ DATE __/__/__
DD MM YY

SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

ANTIMICROBIAL USE

Start date/time of first antimicrobial as Inpatient: _____

____/____/____ :____

Antibiotics

	IV	Oral	Started (dd/mm/yy)	Ended (dd/mm/yy)
☐ Amoxicillin/ Ampicillin	☐	☐	____/____/____	____/____/____
☐ Dicloxacillin/ Nafcillin/ Oxacillin	☐	☐	____/____/____	____/____/____
☐ 1 st gen ceph (i.e. Cephalexin)	☐	☐	____/____/____	____/____/____
☐ 2 nd gen ceph (i.e. Cefuroxime)	☐	☐	____/____/____	____/____/____
☐ 3 rd gen ceph (i.e. Ceftriaxone)	☐	☐	____/____/____	____/____/____
☐ Amoxicillin & clavulanic acid	☐	☐	____/____/____	____/____/____
☐ Piperacillin/ tazobactam	☐	☐	____/____/____	____/____/____
☐ Carbapenem (i.e. Meropenem)	☐	☐	____/____/____	____/____/____
☐ Aztreonam	☐	☐	____/____/____	____/____/____
☐ Vancomycin	☐	☐	____/____/____	____/____/____
☐ Metronidazole	☐	☐	____/____/____	____/____/____
☐ Trimethoprim & Sulfamethox	☐	☐	____/____/____	____/____/____
☐ Clindamycin	☐	☐	____/____/____	____/____/____
☐ Erythromycin/ Azithromycin	☐	☐	____/____/____	____/____/____
☐ Clarithromycin	☐	☐	____/____/____	____/____/____
☐ Tetracycline/ Doxycycline	☐	☐	____/____/____	____/____/____
☐ Fluoroquinolone (i.e. Cipro)	☐	☐	____/____/____	____/____/____
☐ Aminoglycoside (i.e. Gentamicin)	☐	☐	____/____/____	____/____/____

Antivirals

☐ Oseltamavir (Tamiflu) ☐ _____/____/____ _____/____/____

Antifungals

☐ Fluconazole ☐ _____/____/____ _____/____/____
☐ Caspofungin/ micafungin ☐ _____/____/____ _____/____/____

Anti-parasitics

☐ Albendazole/ mebendazole ☐ _____/____/____ _____/____/____☐ Other: _____ ☐ _____/____/____ _____/____/____
☐ Other: _____ ☐ _____/____/____ _____/____/____

HOSPITAL DISCHARGE

Date of discharge or death: ____/____/____
DD MM YYDischarge status ☐ Dead ☐ Alive
☐ Transferred to: _____

Clinical diagnosis on discharge

- ☐ Upper respiratory tract infection (pharyngitis/ sinusitis/ otitis)
☐ Lower respiratory tract infection (bronchiolitis/ bronchitis/ pneumonia)
☐ Pulmonary tuberculosis
☐ COPD exacerbation
☐ asthma exacerbation

- ☐ Other viral fever
☐ Dengue
☐ Leptospirosis
☐ Typhus
☐ Non-infectious: _____
☐ Other: _____

Antibiotic prescribed on discharge from hospital? ☐ Yes ☐ No

Type: _____ Duration (days) _____
☐ amoxicillin/penicillin _____
☐ amoxicillin + clavulanate (augmentin) _____
☐ cephalosporin _____
☐ nitrofurantoin _____
☐ cotrimoxazole _____

☐ Fluoroquinolone (e.g. ciprofloxacin) _____
☐ doxycycline/tetracycline _____
☐ azithromycin/erythro/clarithro _____
☐ metronidazole _____
☐ other: _____

STUDY ID _____ DATE ____/____/____
DD MM YY

SEEN/EXAM BY (INITIALS): _____

RESPIRATORY STUDY (RISE-SL)

REVIEWED BY: _____ DATA ENTRY: _____

Patient initials: _____ Age: _____ Sex: _____ BHT: _____ Ward: _____

Admission date: ____/____/____ Discharge date: ____/____/____
DD MM YY DD MM YY**FOLLOW-UP (F/U) ENCOUNTER**Date of encounter: ____/____/____
DD MM YY**Place of follow-up**

☐ Still inpatient ☐ Return hospital visit ☐ Re-admitted to hospital
☐ Home ☐ Phone
If phone, spoke to ☐ Patient ☐ Other: _____

Patient's current clinical status

☐ Died ☐ Well ☐ Same illness ☐ New febrile illness
☐ New non-febrile illness

Patients <5 years of age:

Weight: _____ kg Height: _____ cm
Weight-for-height z-score: _____

Number of days of symptoms after discharge:**SYMPTOM Days Unsure Today?**

☐ Fever chills	_____	☐	☐
☐ Sneezing	_____	☐	☐
☐ Runny nose	_____	☐	☐
☐ Nasal congestion	_____	☐	☐
☐ Cough	_____	☐	☐
☐ Sore throat	_____	☐	☐
☐ Scratchy/itchy throat	_____	☐	☐
☐ Hoarse/ voice change	_____	☐	☐
☐ Short of breath	_____	☐	☐
☐ Pain with inspiration	_____	☐	☐
☐ Chest pain	_____	☐	☐
☐ Ear pain	_____	☐	☐
☐ Decreased hearing	_____	☐	☐
☐ Pain behind eyes	_____	☐	☐
☐ Itchy/ watery eyes	_____	☐	☐
☐ Stiff neck	_____	☐	☐
☐ Headache	_____	☐	☐
☐ Malaise/ fatigue	_____	☐	☐
☐ Decreased appetite	_____	☐	☐
☐ Joint pain	_____	☐	☐
☐ Muscle pain	_____	☐	☐
☐ Rash /flushing	_____	☐	☐
☐ Abdominal pain	_____	☐	☐
☐ Vomiting	_____	☐	☐
☐ Diarrhea (>3x/24h)	_____	☐	☐
☐ Painful urination	_____	☐	☐
☐ Decreased urination	_____	☐	☐
☐ Bleeding	_____	☐	☐

Antibiotic prescribed at discharge from THK?☐ Yes ☐ No ☐ Unsure

Name: _____ Duration: _____ days

Admission since discharge? ☐ Yes ☐ No

Location: _____ # days: _____

Diagnosis (if known): _____

Other outpatient visit since discharge? ☐ Yes ☐ No☐ GP ☐ OPD ☐ Other: _____

Diagnosis (if known): _____

Antibiotic given after discharge from hospital?☐ Yes ☐ No ☐ Unsure

Name: _____ Duration: _____ d

Expenditures during hospital stay & after discharge

	Initial hospital visit	GP	OPD	Other:
Transport	To home			
Motorbike	☐ _____ km	☐ _____ km	☐ _____ km	☐ _____ km
Trishaw	☐ _____ Rs	☐ _____ Rs	☐ _____ Rs	☐ _____ Rs
Car/private	☐ _____ km	☐ _____ km	☐ _____ km	☐ _____ km
Bus	☐ _____ Rs	☐ _____ Rs	☐ _____ Rs	☐ _____ Rs
Walked	☐ _____	☐ _____	☐ _____	☐ _____
Other	☐ _____	☐ _____	☐ _____	☐ _____
	_____ Rs	_____ Rs	_____ Rs	_____ Rs
Consultation	-----			
Lab investigations				
Medication				
Total if individual unknown				

Expenditures for another hospital admission (Rs)

	Total
Private hospital: _____	
Government hospital: _____	

How much work missed for this illness? _____ (days)

How much school missed for this illness? _____ (days)

How much work did your caretaker/ family member (_____) miss for this illness? _____ (days)

How much school did your caretaker/ family member (_____) miss for this illness? _____ (days)