Appendix D. Example of a Case Report Form

Basic Data
Last name _____First name: _____

Sex: ( ) male ( ) female
Date of birth: _____/____/____/ age: |__|__| years |__|__|months |__|__|days
Occupation:_____
Address: _____
Zipcode: |__|__|__|__|__|__|__|__| telephone number: |__|__|__|__|__|__|__|__|

Clinical Information

Clinical history number: _____
Date of symptom onset: ____/_____/____/ Epidemiological week: |__|__|
Number of days with symptoms: ____/_____/ Date of first medical consult**:** ____/_____/____/
Date of hospitalization**:** ____/_____/____/
Death: Yes ( ) No ( ) Date: ____/_____/____/

Symptoms

	Yes	No		Yes	No
Fever	□	□	Myalgia	□	□
Arthritis	□	□	Back pain	□	□
If yes, where:			Head ache	□	□
Hands	□	□	Nausea	□	□
Feet	□	□	Mucosal bleeding	□	□
Ankles	□	□	Vomiting	□	□
Other	□	□	Asthenia	□	□
Arthralgia	□	□	Meningoencephalitis	□	□
Periarticular edema	□	□			
Skin manifestations	□	□			

If yes, describe:_____
Other _____

Clinical diagnosis _____

Laboratory information

Blood sample testing for CHIKV infection:

Date of collection: _____/_____/_____/

Serology - IgM	Yes □	No □	
Result:	Positive □	Negative □	Date of result _____/_____/_____
Serology - IgG	Yes □	No □	
Result:	Positive □	Negative □	Date of result _____/_____/_____
RT-PCR	Yes □	No □	
Result:	Positive □	Negative □	Date of result _____/_____/_____/
Viral isolation	Yes □	No □	
Result	Positive □	Negative □	Date of result _____/_____/_____/

Epidemiological information

History of travel within the previous 30 days prior to symptom onset: Yes □ No □
If yes, where: Country _____ City _____
Place of residence:
Community _____ Locality _____

Have you received blood or blood products within the previous 30 days prior to symptom onset?
Yes □ No □

Final classification:

Discarded: |__|
Confirmed: |__|
Suspected: |__|
Date of notification: _____/_____/_____/

Name of reporting personnel: _____