In Preparedness and Response for Introduction in the Americas Chikungunya Virus (Washington: Pan American Health Organization; 2011 (pp. 102-3)).

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:			Headache	☐	☐
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	____/____/____/

(Continued)

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Appendix D. Example of a Case Report Form (Cont.)

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 _____

Blood or blood products received within the previous 30 days prior to symptoms onset
Yes No

Final classification:

Discarded: I__I
Confirmed: I__I
Suspected: I__I
Date of notification: _____/_____/_____/

Name of reporting personnel: _____