**Follow-Up Form COMPLETE AT LEAST 30 DAYS AFTER DISCHARGE**

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| **Participant  First Name:**  **Last Name:**  **Sex: ☐** Male **☐** Female **Age Now**: [\_\_\_][\_\_\_][\_\_\_]years **OR** [\_\_\_][\_\_\_]months if < 3years  **Address:** |
| **DATE OF FOLLOW-UP** *(DD/MM/YYYY)* : [\_\_][\_\_\_]/[\_\_\_][\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_][\_\_\_]  **LOCATION OF FOLLOW-UP**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **STATUS OF PARTICIPANT**: *(choose only ONE outcome)*  🞎 **ALIVE**  🞎 **DIED** since discharge:  Date of death [\_\_\_][\_\_\_\_]/[\_\_\_\_][\_\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_\_][\_\_\_\_]  🞎 **UNKNOWN**  **Is participant pregnant :** 🞎 Yes 🞎 No 🞎 Not applicable  **Information about the participant status was given:** 🞎 In person 🞎 By phone  **Informant was:**  🞎 Participant 🞎 Family 🞎 Neighbour/Friend 🞎 Community Leader 🞎 Rumour  **DID THE PARTICIPANT GIVE A CONVALESCENT BLOOD SAMPLE?**  🞎 **YES**  🞎 **NO** 🞎 Unknown  **DATE SAMPLE GIVEN :** *(DD/MM/YYYY)* [\_\_\_][\_\_\_]/[\_\_\_][\_\_\_]/[\_\_2\_\_][\_\_0\_\_][\_\_\_][\_\_\_]  **Name of the person who took the sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HOSPITAL CARE**

**Discharged same day 🞎 NO 🞎 YES**

**Admitted to the hospital 🞎 NO 🞎 YES**

**If yes, how many days admitted \_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **30-Day follow-up form completed by** (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL HISTORY: Mark any condition suffered BEFORE chikungunya illness**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **UNKNOWN** |
| Diabetes |  |  |  |
| Hypertension |  |  |  |
| Overweight |  |  |  |
| Cardiovascular condition |  |  |  |
| Respiratory condition |  |  |  |
| Rheumatological condition |  |  |  |
| Osteoarthritis (severe knee/ankle/ pain) |  |  |  |
| Other medical condition (specify) |  | | |

**SYMPTOMS TODAY? Mark any that started AFTER the acute chikungunya illness**

|  |  |  |  |
| --- | --- | --- | --- |
| Arthralgia |  |  |  |
| Fever |  |  |  |
| Myalgia |  |  |  |
| Headache |  |  |  |
| Skin rash |  |  |  |
| Respiratory symptoms |  |  |  |
| Gastro-intestinal symptoms |  |  |  |
| Haemorrhagic symptoms |  |  |  |
| Dizziness |  |  |  |
| Confusion and/or concentration disorder |  |  |  |
| Sleeping problems |  |  |  |
| Other problems: specify |  | | |

**IF JOINT PAIN PRESENT NOW, WHICH JOINTS ARE AFFECTED? (tick any that apply)**

🞎 Shoulder 🞎 Elbow 🞎 Hip 🞎 Knee 🞎 Ankle 🞎 Wrist 🞎 Fingers

🞎 Feet 🞎 Toes 🞎 Spine

**HOW IS THE PAIN IN YOUR JOINTS?**

🞎 More than in acute period 🞎 Less than in acute period 🞎 The same as in the acute period

**ARE YOU TAKING ANY DRUGS TO HELP YOU NOW ? (tick any that apply)**

🞎 Paracetamol 🞎 NSAID 🞎 Corticosteroid 🞎 Antibiotics

🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Yes, but unknown type

**WERE YOU ABSENT FROM WORK OR DUTIES DURING YOUR ILLNESS?**

🞎 NO YES: 🞎 < 1 week 🞎 1-2 weeks 🞎 2-4 weeks 🞎 > 4 weeks