

Eligibility Form – Dengue Study (Ve. 120426)

Name Patient	Study Nurse
Age __ __	Ward <input type="checkbox"/> I <input type="checkbox"/> E
Date of Admission __ __ __ __ __ __	Time of Admission __ __ __
Temperature __ __ . __	Fever duration prior admission: __ __ days

Fever lasting 2-7 days	<input type="checkbox"/> No	<input type="checkbox"/> Yes	WHO Case Definition 1997
Criteria1: Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know <i>(cannot express)</i>
Criteria 2: Retro orbital pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know <i>(cannot express)</i>
Criteria 3: Arthralgia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know <i>(cannot express)</i>
Criteria 4: Myalgia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know <i>(cannot express)</i>
Criteria 5: Rash	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Criteria 6: Hemorrhagic Manifestations	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Criteria 7: Leukopenia	<input type="checkbox"/> No	<input type="checkbox"/> Yes (< 5 x 10 ⁹ / L)	
Eligibility WHO 1997	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(fever 2-7 days, plus at least 2 criteria)</i>	

Fever lasting 2–7 days	<input type="checkbox"/> No	<input type="checkbox"/> Yes	WHO Case Definition 2009
Criteria1: Nausea, vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Criteria 2: Rash	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Criteria 3: Aches and pains	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Criteria 4: Tourniquet test	<input type="checkbox"/> Neg.	<input type="checkbox"/> Pos.	<input type="checkbox"/> Not performed
Criteria 5: Leukopenia	<input type="checkbox"/> No	<input type="checkbox"/> Yes (< 5 x 10 ⁹ / L)	
Criteria 6: Warning signs	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(specify which ones below)</i>	
<input type="checkbox"/> Abdominal pain, tenderness <input type="checkbox"/> Persistent vomiting			
<input type="checkbox"/> Clinical fluid accumulation <i>(ascites, pleural effusion ...)</i>			
<input type="checkbox"/> Lethargy, restlessness <input type="checkbox"/> Liver enlargement > 2 cm			
<input type="checkbox"/> Mucosal bleed <i>(bleeding nose, bleeding gums...)</i>			
<input type="checkbox"/> Increased haematocrit and / or rapid decrease of platelets			
Eligibility WHO 2009	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(fever lasting 2-7 days, and at least 2 criteria)</i>	

Outcome: Not Eligible Eligible but Refusal Eligible: ID |__|__|__|__|

Validation: Dr

Signature

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REFUSAL BOX

If parents refuse the inclusion of the child, fill the eligibility card, and report below the reason for the refusal

My child is too young

My child is too sick

Other reason, *please specify*: