Site ID: ☐ Unique participant ID: ☐☐☐☐

(1 = Rio, 2 = Manaus, 3 = Recife)

Participant type: ☐ GAL number: ☐☐☐☐☐☐☐☐☐☐☐

(1 = Index, 2 = Contact symptomatic, 3 = Contact asymptomatic)

If household contact/sexual partner, number of Index: ☐☐☐☐

VITAL SIGNS

1. Date of second appointment — Day | Month | Year

2. a) Highest temperature measured so far — °C ☐☐, ☐

 b) Current temperature — °C ☐☐, ☐

 c) Date of the end of fever — Day | Month | Year

3. Heart rate per minute ☐☐☐

4. Respiratory rate per minute ☐☐

5. a) Blood pressure sitted (Systolic/Dyastolic) mmHg ☐☐☐ / ☐☐☐

 b) Bood pressute lying down (Systolic/Dyastolic) mmHg ☐☐☐ / ☐☐☐

6. Weight Kg ☐☐☐, ☐

7. Height m ☐, ☐☐

SYMPTOMS

1 = No 2 = Yes

8. a) Chill ☐

 b) Date of onset — Day | Month | Year c) Date of end — Day | Month | Year

9. a) Headache ☐

 b) Date of onset — Day | Month | Year c) Date of end — Day | Month | Year

Site ID: ☐ Unique participant ID: ☐☐☐☐

10. a) Photophobia ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

11. a) Retro orbital pain ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

12. a) Ocular burning ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

13. a) Oropheryngeal pain ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

14. a) Horseness ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

15. a) Change in taste ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

16. a) Earache ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

17. a) Coryza ☐

b) Date of onset Day / Month / Year c) Date of end Day / Month / Year

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Site ID: ☐ Unique participant ID: ☐☐☐☐

18. a) Nasal congestion ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

19. a) Sudoresis ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

20. a) Prostration ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

21. a) Myalgia ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

22. a) Lombalgia ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

23. a) Muscular weakness ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

24. a) Arthralgia ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

Site ID: ☐ Unique participant ID: ☐☐☐☐

d) Site of arthalgia

1. Shoulder ☐
2. Elbow ☐
3. Knee ☐
4. hip ☐
5. Ankle ☐

5. Small articulations ☐
6. Symetric ☐
7. Migratory ☐

25. a) Anorexia ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

26. a) Nausea ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

27. a) Vomit ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

28. a) Abdominal pain ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

29. a) Choluria ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

30. a) Dysuria ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

Site ID: ☐ Unique participant ID: ☐☐☐☐

31. a) Dyarrhoea ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

32. a) Dyspnoea ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

33. a) Cough ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

34. a) Haemarrhage ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

35. a) Epistaxe ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

36. a) Gum bleeding ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

37. a) Metrorrhagia ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

38. a) Hematuria ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

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39. a) Hematemesis ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

40. a) Melena ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

41. a) Hemoptysis ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

42. a) Erythema ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

43. a) Exanthema ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

44. a) Pruritus ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

45. a) Numbness in the extremities ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

46. a) Edema ☐

b) Date of onset | Day | Month | Year | c) Date of end | Day | Month | Year |

Site ID: ☐ Unique participant ID: ☐☐☐☐

47. a) Any medicine for this infection up to now? ☐

b) If yes, please, give details ______________________________

EXAMINATION

1 = No (***Skip to the next***) 2 = Yes

48. Capillary refill ☐

49. Filiform pulse ☐

50. Cold extremities ☐

51. Hypotension/shock ☐

52. Dyspnoea ☐

53. Dehydration ☐

54. Pale skin/mucosa ☐

55. Edema ☐

56. Jaundice ☐

57. Oropharyngeal hyperemia ☐

58. a) Lynphadenopathy ☐
b) Cervical ☐
c) Retro auricular ☐
d) Occipital ☐
e) Supraclavicular ☐
f) Axilar ☐
g) Epitroclear ☐
h) Inguinal ☐

59. a) Exanthema ☐
b) Macular ☐
c) Maculo-papular ☐
d) Vesiculosus ☐
e) Erythema ☐
f) Enanthema ☐
g) Other ☐

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60. Haemorrhage ☐

61. Petechia ☐

62. Purpura ☐

63. Gum bleeding ☐

64. Epistaxe ☐

65. a) Cardiac abnormalities ☐
    b) Murmur ☐
    c) Fine crackles ☐
    d) Coarse crackles ☐
    e) Wheezes ☐

66. a) Abdomial abnormalities ☐
    b) Pain on palpation ☐
    c) Ascitis ☐
    d) Hepatomegaly ☐
    e) Splenomegaly ☐

67. Neurological abnormalities ☐
    b) Lethargy ☐
    c) Agitation ☐
    d) Other ☐
    Please, specify ____________________

68. a) Rheumatological abnormalities ☐
    b) Edema ☐
    c) Other ☐
    Please, specify ____________________