7a Acute Illnesses (question on pages 14-16) -*Has the child been ill since the last visit? Record all chronic illnesses/conditions on the next page.*

Local Use Only

SubjectID

○ No (Continue to the next section) ○ Yes (fill in the table)

Date illness first appeared (DD/MMM/YYYY)	ICD-10 Code: ONLY code Symptoms here - (ALWAYS CODE SYMPTOMS)	Fever? (temperature is equal to or higher than 38°C or 101°F)	Diagnosis
__/___/____ Symptoms ______	___._ ___._ ___._ ○ No symptoms	○ No ○ Yes, Measured ○ Yes, Not Measured	Diagnosis ______ ICD-10 Code ___._ ○ Diagnosed by parent ○ Diagnosed by health care provider
__/___/____ Symptoms ______	___._ ___._ ___._ ○ No symptoms	○ No ○ Yes, Measured ○ Yes, Not Measured	Diagnosis ______ ICD-10 Code ___._ ○ Diagnosed by parent ○ Diagnosed by health care provider
__/___/____ Symptoms ______	___._ ___._ ___._ ○ No symptoms	○ No ○ Yes, Measured ○ Yes, Not Measured	Diagnosis ______ ICD-10 Code ___._ ○ Diagnosed by parent ○ Diagnosed by health care provider
__/___/____ Symptoms ______	___._ ___._ ___._ ○ No symptoms	○ No ○ Yes, Measured ○ Yes, Not Measured	Diagnosis ______ ICD-10 Code ___._ ○ Diagnosed by parent ○ Diagnosed by health care provider
__/___/____ Symptoms ______	___._ ___._ ___._ ○ No symptoms	○ No ○ Yes, Measured ○ Yes, Not Measured	Diagnosis ______ ICD-10 Code ___._ ○ Diagnosed by parent ○ Diagnosed by health care provider

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