

Typhoid data collection form

More detailed data on typhoid fever epidemiology are urgently needed. This form is to be filled only by local health care professionals and practitioners affiliated and having access to patients data records.

* Required

1. Study site *

2. Participant ID *

3. Onset of symptoms *

Example: January 7, 2019

4. History of fever? *

(if related to current visit)

Mark only one oval.

☐ Yes

☐ No

☐ UnKnown

5. Character of fever *

Mark only one oval.

☐ Continuous

☐ Intermitent

6. Onset of fever *

Example: January 7, 2019

7. Diarrhea *

Mark only one oval.

☐ Yes

☐ No

☐ UnKnown

8. Constipation *

Mark only one oval.

☐ Yes

☐ No

☐ UnKnown

9. Rash *

Mark only one oval.

☐ Yes

☐ No

☐ UnKnown

10. Headache *

Mark only one oval.

☐ Yes

☐ No

☐ Unknown

11. Sore throat *

Mark only one oval.

☐ Yes

☐ No

☐ Unknown

12. Cough *

Mark only one oval.

☐ Yes

☐ No

☐ Unknown

13. Vomiting *

Mark only one oval.

☐ Yes

☐ No

☐ Unknown

14. Abdominal pain *

Mark only one oval.

☐ Yes

☐ No

☐ Unknown

15. Describe other symptoms, if any *

16. Contact with a person with fever within one week before onset of illness: *

Mark only one oval.

☐ Yes

☐ No

☐ Not remember

17. Travel out of local residence within one week before onset of illness *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not remember

18. Temperature on admission *
in (°C)

19. Acute abdominal pain *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ UnKnown

20. Signs and symptoms of current illness *

Mark only one oval.

- ☐ Moderate
- ☐ severe

21. Respiratory status *

Mark only one oval.

☐ Normal

☐ Fast

☐ dyspnea

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