PARTICIPANT IDENTIFICATION NUMBER

[__][__][__] - [__][__][__] - [__][__][__]

Follow-Up Form

COMPLETE AT LEAST 30 DAYS AFTER DISCHARGE

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) _____

UFOS CASE REPORT FORM

STUDY PARTICIPANT IDENTIFICATION NUMBER:
[__][__][__] - [__][__][__] - [__][__][__]

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