



<b>Clinical Features</b>	
17. Syndrome categorization	<input type="checkbox"/> Acute Undifferentiated Febrile Illness $\geq 5$ days <input type="checkbox"/> Acute Encephalitis/ Meningitis Group (Acute fever $\geq 5$ days, seizures, altered mental status) <input type="checkbox"/> Acute Gastroenteritis Group (Acute fever, upto 14 days, Diarrhea $\pm$ dysentery) <input type="checkbox"/> Animal contact associate Mycobacterium infection (Acute fever, H/o contact with animal positive)
18. Any pre-existing medical conditions? (Multiple response)	<input type="checkbox"/> Immunocompromised <input type="checkbox"/> Valvular HD/Vasc Graft <input type="checkbox"/> Diabetes <input type="checkbox"/> Pregnancy <input type="checkbox"/> Oral steroid <input type="checkbox"/> CKD <input type="checkbox"/> Other _____
19. Was patient hospitalized because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Did patient die from complications of this illness? * [Keep copy of death certificate if possible]	<input type="checkbox"/> Yes; date _____ <input type="checkbox"/> No
<b>Lab investigations</b>	
21. Collection of Specimen type	<input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> CSF <input type="checkbox"/> Stool <input type="checkbox"/> Other _____
<b>Vaccination Record</b>	
22. BCG Vaccination	<input type="checkbox"/> Yes; date _____ <input type="checkbox"/> No
23. JE Vaccination	<input type="checkbox"/> Yes; date _____ <input type="checkbox"/> No
<b>Diagnosis (as per record / lab investigation)</b>	
24. Final Diagnosis	
25. Outcome (as per available records):	<input type="checkbox"/> Discharged <input type="checkbox"/> LAMA <input type="checkbox"/> Referred out <input type="checkbox"/> Death <input type="checkbox"/> not admitted (Rx at OPD)

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Signature of data collector