Quadriflu CRFs- SCREENING

IDENTIFIER

Subject ID ☐☐ - ☐☐☐

Date of visit ☐☐ - ☐☐☐ - ☐☐☐☐ (ex. 30 – JAN – 2020)

Date of informed consent signed

☐☐ - ☐☐☐ - ☐☐☐☐ (ex. 30 – JAN – 2020)

ELIGIBILITY CRITERIA

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1. Age ☐☐ years

	Yes(1)	No(2)
2. Pregnant?	☐	☐
3. Lactating?	☐	☐
4. Receive any vaccine within 4 weeks?	☐	☐
5. Plan to receive vaccine during 3 weeks?	☐	☐
6. Received influenza vaccine in the past 6 months?	☐	☐
7. Had influenza illness in the past 6 months?	☐	☐

8. Body temperature ☐☐ . ☐ (°c)

9. Chronic illness?

□ Yes please specify below (1) □ No (2) (if no, skip to 10)

(can choose more than one)

□ Hypertension □ Diabetes Mellitus □ Dyslipidemia

□ Gastrointestinal diseases □ Depression □ Chronic lung disease

□ Others, specify ……

……

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……

LABORATORY

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10. Pregnancy test

□ Positive (1) □ Negative (2) □ Not tested (3)

Quadriflu CRFs- ENROLLMENT

IDENTIFIER

Subject ID ☐☐ - ☐☐☐

Date of visit ☐☐ - ☐☐☐ - ☐☐☐☐ (ex. 30 – JAN – 2020)

DEMOGRAPHICS

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1. Year of Birth ☐☐☐☐ A.D.

2. Age ☐☐ years

3. Sex ☐ Male (1) ☐ Female (2)

4. Race

☐ Asian(1) ☐ White(Caucasian)(2) ☐ African American(3)

☐ Others(4), specify …….

PHYSICAL EXAMINATION

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5. Height ☐☐☐ cm

6. Weight ☐☐☐ . ☐☐ kg

7. Systolic BP ☐☐☐ mmHg

8. Diastolic BP ☐☐☐ mmHg

9. Pulse rate ☐☐☐ /min

10. Respiratory rate ☐☐ /min

	Normal(1)	Abnormal(2)	If abnormal, specify
11. HEENT	☐	☐	
12. Cardiovascular	☐	☐	
13. Chest	☐	☐	
14. Abdomen	☐	☐	
15. Musculoskeletal	☐	☐	
16. Neurological	☐	☐	
17. Other body systems			

VACCINATION

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18. Is the participant eligible to take part in this study?

☐ Yes(1) **continue to 19.** ☐ No(2) **END OF FORM**

↓

19. Date of vaccination ☐☐ - ☐☐☐ - ☐☐☐☐ (ex. 30 – JAN – 2020)

20. Time of vaccination ☐☐ - ☐☐ (ex. 23.30)

21. Vaccination Arm

☐ QIV(1) ☐ TIV(2)

LABORATORY

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22. Date of Sample collection ☐☐ - ☐☐☐ - ☐☐☐☐ (ex. 30 – JAN – 2020)

23. Time of sample collection □ □ - □ □ (ex. 23.30)

24. A/H1N1 Antibody titer 1 : ……..

25. A/H3N2 Antibody titer 1 : ……..

26. B/Yamagata Antibody titer 1 : ……..

SOLICITED REACTION

	Yes(1)	No(2)
27. Pain	□	□
28. Redness	□	□
29. Swelling	□	□
30. Induration	□	□
31. Ecchymosis	□	□
32. Fever	□	□
33. Headache	□	□
34. Malaise	□	□
35. Shivering	□	□
