QUADRIFLU Project Case Record Form	Screening

Subject Identification

	Site		Participant No.
Subject ID	1☐ Hospital A	2☐ Hospital B	- [__][__][__]
Date of visit (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]		
Date of informed consent signed (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]		

Eligibility Criteria

Age (Completed age in years)	[__][__]		
Body temperature (~˚C)	[__][__]		
Chronic illness	1☐ Yes	2☐ No	9☐ Unknown

If yes, specify ____

____

Pregnant	1☐ Yes	2☐ No	9☐ Unknown
Lactating	1☐ Yes	2☐ No	9☐ Unknown
Received any vaccine within prior 4 weeks	1☐ Yes	2☐ No	9☐ Unknown
Plan to receive any vaccine during next 3 weeks	1☐ Yes	2☐ No	9☐ Unknown
Received influenza vaccine in the past 6 months	1☐ Yes	2☐ No	9☐ Unknown
Had influenza in the past 6 months	1☐ Yes	2☐ No	9☐ Unknown

Laboratory

Urine pregnancy test	1☐ Positive	2☐ Negative	3☐ Indeterminate	9☐ Not done

QUADRIFLU Project Case Record Form			Enrollment

Subject Identification

		Site	Participant No.
Subject ID	1☐ Hospital A	2☐ Hospital B -	[__][__][__]
Date of visit (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]		

Demographics

Date of birth (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]		
Sex	1☐ Male at birth	2☐ Female at birth	
Race	1☐ Thai	2☐ Non-Thai	3☐ Other ________

Physical Examination

Height (inches)	[__][__]	Pulse rate (/min)	[__][__][__]
Weight (lb)	[__][__][__]	Respiratory rate (/min)	[__][__]
Systolic blood pressure (mmHg)	[__][__][__]	Body temperature (˚C)	[__][__]
Diastolic blood pressure (mmHg)	[__][__][__]		
Head, Eyes, Ears, Nose, Throat	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Cardiovascular system	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Chest	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Abdomen	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Musculoskeletal system	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Neurological system	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined
Other body systems	1☐ NAD	2☐ Abnormal (specify) ________________________	9☐ Not examined

Vaccination			
Is the participant eligible to take part in this study?	1☐ Yes	2☐ No	9☐ Indeterminate (need another visit)
Type of vaccine	1☐ QIV	2☐ TIV	
Date of vaccination (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]		
Time of vaccination (24hr)	[__][__]:[__][__]		
Vaccination arm	1☐ Left	2☐ Right	

Laboratory		
Date of sample collection (dd/mm/yyyy)	[__][__]/[__][__]/[__][__][__][__]	
Time of sample collection (24hr)	[__][__]:[__][__]	
A/H1N1 antibody titer	____________	Unit ______
A/H3N2 antibody titer	____________	Unit ______
B/Yamagata antibody titer	____________	Unit ______

Solicited Reaction					
Local			Systemic		
Pain	1☐ Yes	2☐ No	Fever (≥ 38.0°C)	1☐ Yes	2☐ No
Redness	1☐ Yes	2☐ No	Headache	1☐ Yes	2☐ No
Swelling	1☐ Yes	2☐ No	Malaise	1☐ Yes	2☐ No
Induration	1☐ Yes	2☐ No	Myalgia	1☐ Yes	2☐ No
Ecchymosis	1☐ Yes	2☐ No	Shivering	1☐ Yes	2☐ No