

ScreenID	_____	RandomID	_____
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 TMHG 550
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Week Two Assignment: CRF Design

Screening			
	Identifier	ScreenID _____	
	Eligibility Criteria	Age _____ YEARS	
		Is the participant pregnant or lactating?	<input type="radio"/> Yes <input type="radio"/> No
		Has the participant received any vaccine in the four weeks preceding the trial?	<input type="radio"/> Yes <input type="radio"/> No
		Does the participant plan to receive the vaccine within three weeks following the trial?	<input type="radio"/> Yes <input type="radio"/> No
		Has the participant received a vaccination against influenza in the last six months?	<input type="radio"/> Yes <input type="radio"/> No
		Does the participant have a self-reported history of influenza in the last six months?	<input type="radio"/> Yes <input type="radio"/> No
		Does the participant have a chronic illness?	<input type="radio"/> Yes <input type="radio"/> No
Laboratory test	Is the participant pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Enrollment			

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	Identifier	RandomID	_____
	Demographic	Date of visit	__-__-____ DD-MON-YYYY
		Date of informed consent form signed	__-__-____ DD-MON-YYYY
		Time of informed consent	__:__ hh:mm
		Year of birth	____ YYYY
		Sex	<ul style="list-style-type: none"> ● F (female) ● M (male)
		Race	<ul style="list-style-type: none"> ● American Indian or Alaska Native ● Asian ● Black or African American ● Native Hawaiian or Other Pacific Islander ● White
		Other race	<ul style="list-style-type: none"> ● Specify other _____
	Vital Signs	Height	_____ <ul style="list-style-type: none"> ● cm ● IN
		Weight	_____ <ul style="list-style-type: none"> ● kg ● LB
		Systolic	_____ mmHg
		Diastolic	_____ mmHg
		Pulse rate	_____ BEATS/MIN

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		Respiration rate	_____ BREATHS/MIN
		Body temperature	_____. ● C ● F
Physical Exam		HEENT	●
		Cardiovascular	●
		Chest	●
		Abdomen	●
		Musculoskeletal	●
		Neurological	●
		Other body system	● _____
Eligibility check		Is the participant eligible to take part in the study?	● Yes ● No
Laboratory		Date of sample collection	__-__-_____ DD-MON-YYYY
		Time of sample collection	__:__ hh:mm
		A/H1N1 Antibody Titer	__:__
		A/H3N2 Antibody Titer	__:__
		B/Yamagata-lineage Antibody Titer	__:__
		B/Victoria-lineage Antibody Titer	__:__
Vaccine administration		Date of vaccination	__-__-_____ DD-MON-YYYY
		Time of vaccination	__:__ hh:mm

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		Vaccination arm	<ul style="list-style-type: none">● Left● Right
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