TMHG550: Data Management Week2 Assignment: CRF Design QUADRIFLU
Case Report Form

Screening Visit

1.	SubjectID	______________
2.	CaseID	______________
3.	Age	__________ Years
4.	Pregnant or lactating	☐ Pregnant (P) ☐ Lactating(L) ☐ Not Pregnant (N)
5.	Receive any vaccine within 4 weeks	☐ Yes(Y) ☐ No (N)
6.	Plan to receive vaccine during 3 weeks	☐ Yes(Y) ☐ No (N)
7.	Received influenza vaccine in the past 6 months	☐ Yes(Y) ☐ No (N)
8.	Had influenza illness in the past 6 months	☐ Yes(Y) ☐ No (N)
9.	Body temperature	☐☐ . ☐ °C
10.	Chronic illness	☐ Diabetes Mellitus (DM) ☐ Hypertension (HT) ☐ None (N) ☐ Other(specify): __________
11.	Pregnancy Test	☐ Yes(Y) ☐ No (N)

Enrollment Visit

1.	CaseID	______________
2.	Patient enrollment ID	______________
	Date of enrollment (YYYY-MM-DD)	☐☐☐☐-☐☐-☐☐
3.	Demographic	
	Site of Visit	☐ Hospital A(BKK) ☐ Hospital B (CNX)
	Date of Birth (YYYY-MM-DD)	☐☐☐☐-☐☐-☐☐
	Date of Visit (YYYY-MM-DD)	☐☐☐☐-☐☐-☐☐
	Gender	☐ Male (M) ☐ Female (F)
	Race	☐ Myanmar ☐ Other:
	Date and Time of informed consent signed (YYYY-MM-DD, HH:MM)	☐☐☐☐-☐☐-☐☐, ☐☐:☐☐
4.	Vital signs	
	Height(cm)	☐☐☐ . ☐ cm
	Weight(kg)	☐☐ . ☐ kg
	Blood Pressure(mmHg)	☐☐☐ / ☐☐ mmHg
	Body Temperature	☐☐ . ☐ °C
	Heart rate/pulse rate (bpm)	☐☐☐ beats per minute

	Respiratory rate	☐☐ Times per minute
5.	Laboratory	
	Urine Pregnancy test(only Female)	☐ Positive(P) ☐ Negative(N) ☐ Not Applicable (N/A)
6.	Physical Examination	
	Abdomen	☐ Normal ☐ Abnormal (specify): ________
	Chest	☐ Normal ☐ Abnormal (specify): ________
	Lungs	☐ Normal ☐ Abnormal (specify): ________
7.	Vaccination	
	Type of vaccine	☐ QIV (Quadrivalent Inactivated Influenza Vaccine) ☐ TIV(Trivalent Inactivated Influenza)
	Date and Time of vaccination (YYYY-MM-DD, HH:MM)	☐☐☐☐-☐☐-☐☐, ☐☐:☐☐
	Vaccine Certificate/ Card	☐ Yes(Y) ☐ No (N)