

**Form A**  
**NATIONAL CENTRE FOR DISEASE CONTROL**  
**(To be filled for 2019-nCoV Acute Respiratory Disease)**

<b>A</b>	<b>PATIENT INFORMATION</b>		
	Date of reporting to health facility:	Name of Reporting Health Facility:	Date of interview
	State	Local Patient ID.....	
	Name of interviewer	Address of interviewer:	Contact Number of interviewer
	Name of patient:	Age	Gender
	Case Classification*: Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/>		
<b>B</b>	<b>SOCIODEMOGRAPHIC PROFILE</b>		
	Residency: Indian	Non-Indian(name of country).....	
	Postal Address	District	Phone number email id
<b>C</b>	<b>CLINICAL INFORMATION</b>		
<b>1</b>	<b>Patient clinical course</b>		
1.1	Date of Onset of symptoms		
1.2	Date of first contact with health facility	(name of health facility: )	
1.3	Date of admission	(name of health facility: )	
1.4	Outcome (circle): Under treatment/ Discharged/ LAMA/ Died/ Cured		1.5 Date of death(if applicable)
1.6	Cause of death(As mentioned on death certificate):		
1.7	Was patient ventilated Yes/No		
<b>2</b>	<b>Patient Symptoms at admission (tick all reported)</b>		
a)	Fever/chills	f) Sore throat	j) Nausea/Vomiting
b)	General weakness	g) Breathlessness	k) Headache
c)	Cough	h) Diarrhea	l) Irritability/confusion
d)	Runny nose	i) Pain(circle)muscular, chest, abdominal, joint	
e)	Any other, Specify		
<b>3</b>	<b>Patient signs at admission: Details of following Signs to be taken from the case sheet if the patient is admitted</b>		
a)	Temperature	d) Abnormal Lung X-Ray findings (yes/no)	g) Coma(yes/no)
b)	Stridor (yes/ no)	e) Tachypnoea(yes/no)	h) Seizure(yes/no)
c)	Redness of eyes (yes/no)	f) Abnormal lung auscultation(yes/no)	i) Any other(specify)
<b>4</b>	<b>Underlying medical conditions (tick all that apply)</b>		
a)	COPD	f) Hypertension	k) Chronic neurological or neuromuscular disease
b)	Chronic Renal Disease	g) Asthma	l) Heart disease
c)	Bronchitis	h)Pregnancy (trimester)	m) Immunocompromised condition including HIV, TB
d)	Malignancy	i) Post-partum(< 6 weeks)	n) Any other(mention)
e)	Diabetes	j)Liver Disease	o) None
<b>D</b>	<b>EXPOSURE HISTORY</b>		
<b>5</b>	Occupation (circle): Student/ Businessman/ Health care worker/Health care lab worker/ animal handler/ any other (specify).....		
<b>6</b>	H/O contact with 2019-nCoV case (Circle): Yes/ No		
6.1	If yes, then was it any of the following (tick appropriate option)		
a)	laboratory confirmed case of 2019-nCoV	b) person who is under investigation for 2019-nCoV while that person was ill	
6.2	If yes to Q. 6, then mention contact setting (tick all that apply)		
a)	While taking samples/ other investigations	f) Visit to a place where 2019-nCoV cases are treated or sampled(specify detail)	
b)	Clinical care of case (among HCW)	h) Immigration Staff at Point of Entry (details of place)	
c)	Housekeeping (Hospital)	i) Others, Specify	
d)	Caregiver of the case (specify details of case)	j) Not known	
<b>7</b>	Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated? (Yes/No)		
<b>E</b>	<b>TRAVEL HISTORY</b>		

8	Have you travelled outside India in the past one month? Yes/ No. If yes then give date of arrival and fill details from Q. 8.1 onwards else skip to Q.9			8.1 Date of arrival to India:	
8.2	Have you visited China? Yes/No If yes, then fill following columns else skip to Q. 8.3				
a)	Duration of stay:	b) Date of arrival in China:	c) Date of departure from China:		
d)	Did you visit Wuhan (yes/no)	e) Any other places visited in China (specify)			
f)	During your stay, did you visit any animal market? Yes/No				
8.3	Details of visit to any other country in past one month: Names of the countries				
a)	Duration of stay: Country name& duration	Date of arrival:	Date of departure:		
b)	Duration of stay: Country name& duration	Date of arrival:	Date of departure:		
9	Have you travelled within India in the past one month? Yes/ No. If no, skip to Section F				
	If yes, details of visit to other places: Names of places				
a)	Duration of stay: Place & duration	Date of arrival:	Date of departure:		
b)	Duration of stay: Place & duration	Date of arrival:	Date of departure:		
c)	Duration of stay: Place & duration	Date of arrival:	Date of departure:		
<b>F</b>	<b>LABORATORY INFORMATION (to be obtained from treating physician)</b>				
10	Any sample collected for confirmation of 2019-nCoV case (y/n)				
a)	If yes, then Type of sample collected	Date of collection	Sent to	Test Performed	Result
b)	If yes, then Type of sample collected	Date of collection	Sent to	Test Performed	Result
c)	If yes, then Type of sample collected	Date of collection	Sent to	Test Performed	Result

### Suspect case

A. Patients with acute respiratory illness (fever, cough, breathing difficulty), **AND** with no other etiology that fully explains the clinical presentation **AND** at least one of the following:

- a history of travel to or residence in China in the 14 days prior to symptom onset, or
- patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.
- worked or attended a health care facility where a confirmed case of 2019-nCoV is admitted in the last 14 days
- close contact with a confirmed case of 2019-nCoV in the 14 days prior to illness onset, or

B. A suspect case for whom testing for 2019-nCoV is inconclusive

### Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

<b>G ENLIST THE CONTACTS** IN THE FOLLOWING FORMAT</b>					
<b>S. No.</b>	<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Type of contact(Family (f), community(c), health care facility(h))</b>	<b>Contact details (Phone Number)</b>

### Contact\*\*

- Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with 2019-nCoV, visiting patients or staying in the same close environment of a 2019-nCoV patient. Clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised;
- Working together in close proximity or sharing the same classroom environment with a with 2019-nCoV patient
- Traveling together with 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient