

Annexure 4.1: Chikungunya questionnaire form

**VIRAL DIAGNOSTIC LABORATORY
DEPARTMENT OF VIROLOGY, SRI VENKATESWARA UNIVERSITY
TIRUPATI-517502**

Chikungunya questionnaire form

Patient information

Patient OP No :
 Name of the patient :
 Age (in years) :
 Gender : Male/ Female
 Place of residence :
 Contact number :

Patient family member's details

Sl.No.	Name	Age/Gender	CHIKV declaration
1.			
2.			
3.			

Patient Symptoms (Tick the appropriate one)

Fever Yes/No Duration
 Headache Yes/No Duration
 Arthralgia Yes/No Duration Intensity of pain Mild/Moderate/Severe

Types of joints affected

Neck	Shoulders	Elbow	Wrist	Small fingers of hand
Hip	knees	Ankles	Feet/toes	Rachis

Sternocostal joints

Morning stiffness Yes/No Duration
 Joint stiffness Yes/No Duration
 Sleeping disturbances Yes/No Duration
 Difficulty in walking Yes/No Duration
 Myalgia Yes/No Duration
 Lombalgia Yes/No Duration

Oedema Yes/No

Joints affected by oedema

Face Yes/No Duration
 Shoulders Yes/No Duration
 Elbow Yes/No Duration
 Small fingers of hand Yes/No Duration
 Knees Yes/No Duration
 Ankles Yes/No Duration
 Feet/toes Yes/No Duration

Rashes Yes/No

Localization of rashes

Face Yes/No Duration
 Trunk Yes/No Duration
 Hands Yes/No Duration
 Legs Yes/No Duration

Other symptoms

Retroorbital pain Yes/No	Duration	.....
Eye congestion Yes/No	Duration	.....
Chills Yes/No	Duration	.....
Cough Yes/No	Duration	.....
Running nose Yes/No	Duration	.....
Abdominal pain Yes/No	Duration	.....
Nausea Yes/No	Duration	.....
Vomiting Yes/No	Duration	.....
Oral ulcers Yes/No	Duration	.....
Weight gain Yes/No		
Weight loss Yes/No		
Lethargic Yes/No	Duration	.....
Anorexia Yes/No	Duration	.....
Diarrhoea Yes/No	Duration	.....
Giddiness Yes/No	Duration	.....
Any other symptoms specify:		
Source of mosquito breeding sites		
Indoor Refrigerators / Coolers/ Indoor plants any others specify.....		
Outdoor Sewage/Fields any others specify.....		
Chikungunya is spread by mosquitoes: Yes/No		
Preventive Measures Coils/Bed nets/ Repellants		
Medications/Treatment		
Allopathy		
Homeopathy		
Physiotherapy		
Any others specify.....		

Person completing form:	Verified by	
(Doctoral student)		
Name:	Medical officer, SVUHC	
Designation:.....	Sri Venkateswara University	
Signature:.....	Signature:.....	
Date:.....	Date:.....	

Laboratory report		
The patient is positive/ negative for Chikungunya by RT-PCR/IgM strip analysis		
(Tick the appropriate one)		
Verified by		
Signature:.....	Signature:.....	
(Doctoral student)	Research supervisor & Coordinator	
	Viral Diagnostic Laboratory	
	Dept of Virology, Sri Venkateswara	
University		