Multisite Human Respiratory Infections Surveillance Network in India
National Institute of Virology, Pune

SARI (IPD) CASE PROFORMA

Severe acute respiratory infections (SARI) will be defined as history of fever or measured fever of ≥ 38° C or without fever and cough with onset within the last 10 days and requires overnight hospitalization. For infants aged <2 months, physician diagnosed acute lower respiratory infection requiring hospitalization irrespective of symptoms and signs.
Physician diagnoses suggestive of acute lower respiratory infection (e.g. Pneumonia, Bronchitis, Bronchiolitis)

Tick (√) in the appropriate box

Admitted patient (IPD)

☐	General Medicine	☐	Pediatrics
☐	Respiratory Medicine	☐	ICU
☐	Geriatric Medicine	☐	Other

Date of Onset of Symptoms	D D M M - Y Y Y Y
Date of Sample Collection	D D M M - Y Y Y Y
Study ID:	**Name of Health Facility:**
Patient Reg Number:	**Patient Name:**
Contact number:	**Gender** ☐ **Male** ☐ **Female**
Age: ☐ **Year** ☐ **Month**	Birth date if known D D M M Y Y Y Y
Specimen ☐ Nasal Swab ☐ Throat swab ☐ Nasopharyngeal swab ☐ Other	
Informant ☐ Self ☐ Caregiver	
Complete address: Village/Town/City:	District:
☐ Rural ☐ Urban	
Height (cm):	Weight (kg):
Pregnancy: ☐ Yes ☐ No	if Yes, Gestational age in months: ☐
For children under 5 year Mid arm circumference (cm):	

Exposure History	Yes	No	Exposure History	Yes	No
Similar illness in family/neighbor			Smoking (self)/ Smoker in family		
Exposure to poultry/dead bird			Exposure to farm animals		
No. of family members sleeping in same room			H/o travel abroad in past 14 days prior to onset		

Symptoms	Yes	No	Symptoms	Yes	No
Fever/History of fever (< 7 days)			Chills		
Rigors			Cough		
Sputum Production			Haemoptysis		
Sore throat			Nasal Discharge/stuffiness		
Ear ache/ discharge			Headache		
Body-ache			Malaise/Fatigue		
Chest Pain			Abdominal pain		
Vomiting/nausea			Diarrhea		
Breathlessness/ difficulty breathing			Seizures		
Other Symptoms:					
For Children Under 5 Years					
Decreased feeding			Lethargy/unconscious		

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Clinical Signs	Enter Value			Clinical Signs	Enter Value	
Respiratory rate/minute:				Pulse rate/minute:		
O_2 saturation (%):				Axillary temperature (°C):		
BP systolic: BP diastolic:						
	Yes	**No**			**Yes**	**No**
Wheeze				Nasal flaring		
Stridor in calm patient				Crepitation		
Lower chest in-drawing				Grunting		
Apnea				Accessory muscles use for breathing		
Other						

Medical History	Yes	No	Not known		Medical History	Yes	No	Not known
Chronic lung disease (COPD/Bronchitis)					Asthma			
Tuberculosis					Heart Diseases			
Diabetes					Chronic liver disease			
Chronic renal disease					Chronic neurological disease			
Hematologic disorders e.g. Thalassemia					Malignancy /Cancer			
Immunocompromised state/ steroid therapy					HIV			
Chronic diarrhea in children under 5 years					H/o influenza vaccination within last 1year			
Hypertension								
Other (specify):								

Treatment	Yes	No		Treatment	Yes	No
Antibiotics				Antivirals (Tamiflu/ Zanamavir/ Peramivir) in past 2 weeks		
Oxygen				Steroid		
Mechanical ventilation (intubation)				Bronchodilators		
CPAP (Continuous positive airway pressure						
Other:						

Investigations

Hematocrit:
Hb:
WBC (leukocytes) count:
Differential leukocytes count
Lymphocytes (%):
Monocytes (%)
Neutrophil (%):
Basophil (%):
Eosinophil (%):
Platelet (Thrombocytes) Count :
ESR :

☐	Chest X-ray done ☐ Yes	☐ No		
☐	Chest X-ray → Findings by radiologist	Consolidation	Infiltration	Diffuse ARDS
☐	Blood Culture →Findings if any			
☐	Date of admission	D D	M M	Y Y Y Y

Sepsis	☐ Yes	☐ No

COVID-19 Vaccination Details

Did you got infected with COVID-19? Yes / No

Are you vaccinated against COVID-19? Yes / No

If Yes, did you got both the doses? Yes / No,

Date of 1st dose_____ and date of 2nd Dose _____

Type of vaccine :- COVISHIELD/ COVAXIN/ SPUTNIK ,any other , Specify_____

Physician clinical diagnosis:

Final Outcome		
☐ Discharged alive	Date of discharge	D D - M M - Y Y Y Y
☐ Death/Died	Date of death	D D - M M - Y Y Y Y

Signature	
Name of interviewer	
Date	