

**Novel Coronavirus Infection (including suspected cases)
Basic Information/Clinical Information Survey Form**

Basic information***ID**

1	Survey conducted by	Public Health Center	Name of investigator:
	Date and time of the survey:		Method: Interview Telephone Other ()
2	Respondent: Patient Not patient	Name () relationship ()	
	Contact info of the respondent: Home phone: - -	Mobile: - -	
3	Diagnostic category: Novel coronavirus infection (patient (confirmed case) / asymptomatic carrier / suspected case)		
4	NESID registration ID:	5	Patient's local public health center:
6	Name of reporting medical institution:	7	Name of attending physician:
8	Institution address:	9	Institution phone number :
10	Report received on (date):	11	Report received by (municipality):
12	Report received by : Pubic Health Center	13	Report received by (name of person):
14	Date of patient's first visit to the medical institution:	15	Date of diagnosis:
16	Estimated date of infection:	17	Date of onset:

* Entries to 3-17 should be transcribed from the Outbreak Reporting Form. (Column 4 is entered after the case is registered in NESID)

18	Patient name:	19	Male / Female	20	Date of birth: , years and months old
21	Nationality:	22	Patient address		
23	Patient's phone number: Home - - , Mobile - -				
	Patient's Email address: @				
24	When surveyed, the patient was mainly at: medical institution home work place/school others () unknown				
	Contact address: phone number: - -				
25	Occupation / business type / school (including kindergarten, nursery, etc.):				
	Last attended on (Date):				
	Company/school name:				
	Company/school address:				
	Company/school phone number:				
26	Other contact information (of guardian, etc.)				
	Name:	Relationship with the patient:			
	Address:				
	Phone number	Home: - -	Mobile: - -		
	Pregnancy	no / yes	(th week of pregnancy)		
	Smoking	no / yes	(started at the age of , cigarettes/day)		
	Diabetes	no / yes			
	Respiratory disease (asthma, COPD, others)	no / yes	(details:)		
	Kidney disease	no / yes	(if yes, hemodialysis? yes / no)		
	Liver disease	no / yes	(details:)		
	Heart disease	no / yes	(details:)		
	Neuromuscular disease	no / yes	(details:)		
	Blood disease (anemia and others)	no / yes	(details:)		
	Immunodeficiency (HIV, use of immunosuppressan	no / yes	(details:)		
	Malignant tumor (cancer)	no / yes	(details:)		
	Others ()				

Clinical courses

ID

28	Symptoms		* enter other information including the presence of symptoms, body temperature, time, etc., as required					
	Date		/	/	/	/	/	/
	Symptoms							
	max. body temp. ()							
	Resp. sympt.	cough	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		difficulty breathing	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		nasal discharge/congestion	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		sore throat	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
	Others	nausea/vomiting	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		conjunctival hyperemia	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		headache	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		general malaise	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		arthralgia/myalgia	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		diarrhea	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		disturbed consciousness	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		convulsions	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		others ()	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
	Date		/	/	/	/	/	/
	Symptoms							
	max. body temp. ()							
	Resp. sympt.	cough	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		difficulty breathing	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		nasal discharge/congestion	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		sore throat	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
	Others	nausea/vomiting	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		conjunctival hyperemia	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		headache	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
		general malaise	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes
arthralgia/myalgia		no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
diarrhea		no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
disturbed consciousness		no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
convulsions		no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
others ()		no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
29	Time and date of onset (through the interview):							
30	Detected because this case was: a reported case of novel coronavirus infection (category: patient (confirmed case), asymptomatic carrier, suspected case, others) contact person under health observation (confirmed case ID: name:) others ()							
31	Clinical course or treatments received before the diagnosis or other noteworthy things:							

32	Hospitalization: no yes (if yes, period of hospitalization: from until)		
	Name of medical institution: Department: Attending doctor's name:		
Designated medical institution to report severe infectious disease cases of unknown etiology? Yes / No			
Address of the medical institution:		Contact:	
33	Chest X ray: No / Yes (findings:)		
34	Chest CT: No / Yes (findings:)		
35	Use of mechanical ventilator: No / Yes		
36	Medical treatment after the first visit		
	Date	Med. inst. name	Medical treatment
	Notes (Results of tests/treatments, etc.)		
	/		
/			
/			
37	Outcome: Discharged (date) , Death (date)		
38	Other notes in clinical course:		

Test results

39	Tests for novel coronavirus				
	Specimen type	Sampling date	Results	Test method	Test facility
			- / + / others ()		
			- / + / others ()		
			- / + / others ()		
			- / + / others ()		
40	Other tests				
	Pathogen	Specimen type	Sampling date	Results	Method
	Culture test: No / Yes / unknown				
	If yes			- / + (bacterium:)	
				- / + (bacterium:)	
				- / + (bacterium:)	
				- / + (bacterium:)	
	Antibody test: No / Yes / unknown				
	Influenza virus			- / +	
	RS virus			- / +	
	Adenovirus			- / +	
	Pneumococcus			- / +	
	Legionella			- / +	
Other test methods					
Pathogen ()			- / + / others ()		
Pathogen ()			- / + / others ()		
Pathogen ()			- / + / others ()		
Any additional comments					