

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
Institute of Epidemiology, Disease Control and Research (IEDCR)
Web Based Dengue Surveillance (WBDS)

Suspected Dengue Case Report Form (SDCRF)

ID No: _____

Date of Admission:

Hospital Reg. ID:

Patient Name:

Contact No:

Residential Address:

Upazila / Thana:

District / City:

Age (in year):

If Child <5 Yrs (Select date of birth)

Or, Child <5 Yrs (Age in Month):

Sex: Male Female Third gender

Occupation: Service Business Student Home-maker Others

If others, please mention:

Marital Status: Married Unmarried Widowed Divorced

Pregnancy Condition: Pregnant Not Pregnant

If pregnant, duration of Pregnancy (in weeks):

Is there any complication related with pregnancy? Yes No

If 'Yes', please specify:

Travel History (within last two weeks of onset of dengue fever): Yes No

If 'Yes', mention Place of travel (District):

How many days ago came back from that place (before onset of dengue fever):

Blood Pressure on Examination

Pulse per min:

Systolic (mm Hg):

Diastolic (mm Hg):

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Clinical Feature

Fever

Date of onset of fever

dd/mm/yy

Headache

Body ache

Joint pain

Retro-orbital pain

Abdominal pain

Anorexia

Nausea

Vomiting

Loose motion

Rash

Itching

Gum bleeding

Hematemesis

Melena

Epistaxis

Altered mental state

Other features (specify)

Lab Tests

NS1 Test Result: Positive Negative Not Done

IgG Test Result: Positive Negative Not Done

IgM Test Result: Positive Negative Not Done