

Examination findings at admission (Abstracted from Case Sheet)	Findings
47. Respiratory rate (count for 1 minute)	[][][]
48. Heart rate (count for 1 minute)	[][][]
49. Pulse Pressure (Tick one)	Normal <input type="checkbox"/> Low <input type="checkbox"/> NI <input type="checkbox"/>
50. Fever (Tick one)	Present <input type="checkbox"/> Absent <input type="checkbox"/> NI <input type="checkbox"/>
51. Conjunctival Pallor (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
52. Central Cyanosis (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
53. Peripheral Cyanosis (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
54. Breathing difficulty (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
55. Noisy Breathing at admission (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
56. Pulse Oximetry Oxygen Saturation	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/> (if yes) Oxygen Saturation in % [][][]%
57. Pulse Oximetry with O ₂ /without O ₂	With O ₂ <input type="checkbox"/> Without O ₂ <input type="checkbox"/> Not sure <input type="checkbox"/>
58. Breath Sound on auscultation (tick one or both)	Vesicular <input type="checkbox"/> Bronchial <input type="checkbox"/> NI <input type="checkbox"/>
59. Breath Sounds (Intensity) (tick one or both)	Normal <input type="checkbox"/> Diminished <input type="checkbox"/> NI <input type="checkbox"/>
60. Crepts on auscultation(tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
61. Rhonchi/Wheeze on auscultation(tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>
62. Cardio-Vascular System	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Specify.....

Investigations: X-ray Chest PA view 63. Type of X-ray (tick one): Digital Plain No X-ray
64. X-ray Date: [][]/[][]/[][][][] (send report 1)
65. Urine Sample collected (tick one): Yes No 66. Urine Sample Collection Date: [][]/[][]/[][][][]

Lab Investigations (First reports upon admission-send report 2)		
67. Haemoglobin (tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Haemoglobin Value [][].[][]gm %
68. Total Leukocyte Count (tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	TLC value [][][][][] cells per cubic mm
69. Differential Leukocyte Count (tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	N [][][]% L [][][]% E [][][]% M [][][]%
70. Platelets (tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Platelets count [][][][][][][][] cells (tick one) Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>
71. C-Reactive Protein (tick one)(send report 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	CRP value [][][].[][][]mg/L OR Positive <input type="checkbox"/> Negative <input type="checkbox"/>

Bacterial Culture (If done, send report 4 & 5)

72. Blood (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> (Report 4)	Code for blood culture: [], [], [] if Any Other, Specify.....	Code for Bacterial /Pleural fluid Culture : 1 - S. pneumoniae, 2- H. influenza, 3 - S. aureus, 4- MRSA, 5 - Klebsiella sp., 6- E. coli, 7- Pseudomonas sp., 8- Acinetobacter sp. 9- Any Other
73. Pleural fluid (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> (Report 5)	Code for Pleural fluid culture [], [], [] if Any Other, Specify.....	

Pleural Fluid Examination (If done, send-report -6)

74. Protein (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Protein (mg%) [][][] . [][]
75. Cells (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell count [][][][] Cell type N [][][]% L [][][]% E [][][]% M [][][]%
76. Sugar (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Sugar (mg%) [][][]
77. Gram Stain (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>

78. **Diagnosis by Physician:**
79. **Final Outcome:** (tick one) Death Discharged LAMA Referred 80. *If Referred, where*

For office use: 81. Tick all applicable (Report 1 2 3 4 5 6) 82. Report uploading date: [][]/[][]/[][][][]

83. Date of Data collection [][]/[][]/[][][][]	86. Date of Data Verification [][]/[][]/[][][][]	89. Date of Data entry [][]/[][]/[][][][]
84. Name of Data collector.....	87. Name of Supervisor.....	90. Name of DEO.
85. Signature of Data Collector.....	88. Signature of supervisor.....	91. Signature of DEO.....
92. Date of Secondary Data entry [][]/[][]/[][][][]	93. Name of DEO	94. Signature of DEO

Signature of Principal Investigator.....