GeoSentinel Questionnaire – BANGKOK

Patient ID #: BKK-________

Form Version: JULY 2013

1. General Information

Gender: ☐ Male ☐ Female | Age: | *Today's Date (Clinic Visit Date) *(Day/Month/Year)*:

*Country of Birth:

Primary Country of Residence Before Age 10:

*Country of Citizenship:

*Country of Current Residence:

☐ Immigrant — If you were not born in THAILAND, indicate as closely as possible the date you first arrived here *(Day/Month/Year)*:

2. History of Recent Travel

List in order, starting with the most recent trip, all international travel in the past 6 months. Using 1 line for each separate trip, list every country visited during that trip. Indicate if the trip included travel on a Ship.

Trip	*Trip Start Date Day/Month/Year	*Trip End Date Day/Month/Year	*Country 1	*Country 2	*Country 3	*Country 4	*Country 5
1							
2							
3							

3. History of Previous Travel

List all countries visited or resided in during the past 5 years (exclude those in past 6 months listed above). List each country only once. CIRCLE all years of travel to that country. CHECK the box below the year only if any stay in the country that year was longer than 30 days.

*Country:	1						2						3						4						5					
*Years (20yy)	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08
Stay >30 consecutive days	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
*Country:	6						7						8						9						10					
*Years (20yy)	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08	13	12	11	10	09	08
Stay >30 consecutive days	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY CLINICIAN – DO NOT WRITE BELOW THIS LINE

4. Exposure Details

*Country of Exposure/Other *(Check the applicable boxes and/or enter up to 2 countries)* ☐ Exposure Country Not Ascertainable ☐ Ship ☐ Plane

Country 1: ________ Country 2: ________

More Specific Place of Exposure: *(below country level – state, city, place, event)*

*Reason for Travel Related to Current Illness: *(Check One)* ☐ Tourism ☐ Business ☐ Missionary/Volunteer/Researcher/Aid Work ☐ Student ☐ Medical Tourism ☐ Immigration ☐ Visiting Friends & Relatives ☐ Military

*Mark if Expatriate *(Check if applicable)*: ☐ Expatriate

*Clinical Setting *(Check One)*: ☐ Seen During Travel ☐ Seen After Travel ☐ Immigration Travel Only

*Patient Type *(Check One)*: ☐ Inpatient ☐ Outpatient ☐ TeleConsult-Outpatient ☐ TeleConsult-Inpatient

*Did the patient have a pre-travel encounter with a health care provider? *(Check One)*: ☐ Yes ☐ No ☐ Don't Know

*Main Presenting Symptoms *(Check at least one symptom below, but include all symptoms that apply)*:

☐ Abnormal Lab Test ☐ Screening ☐ Cardiac ☐ Fatigue ☐ Fever ☐ Gastrointestinal ☐ Genitourinary

☐ HEENT ☐ Lymphatic ☐ Musculoskeletal ☐ Neurologic ☐ Psychologic ☐ Respiratory ☐ Skin

☐ Other *If 'Other', Specify:*

*Date of Illness Onset: *(Use 1 of the 3 options)* (1) ________ *(Day/Month/Year)* (2) Number *(1-30)* ________ of *(circle one)* days / weeks / months / years before presentation (3) ☐ Unknown

5. *Pre-Existing Conditions Present Prior to Onset of the Current Travel-Related Illness – *use other side of this form*

6. Diagnoses

*Is the main diagnosis causing today's visit travel related? *(Check One)* ☐ Travel Related ☐ Not Ascertainable ☐ {Not Travel Related}**

*Primary Diagnosis	*Final Diagnosis	*Diagnosis Status *(Circle One)* (Confirmed/Probable/Suspect)	*Diagnosis Activity at Presentation *(Check One)*	Check if this Diagnosis Ascertained by Screening
☐		C P S	☐ Active ☐ Resolved	☐
☐		C P S	☐ Active ☐ Resolved	☐
☐		C P S	☐ Active ☐ Resolved	☐
☐		C P S	☐ Active ☐ Resolved	☐

* = These items are required fields for successful online data entry. Note: Sections 2 & 3 may be omitted if not applicable.

5. *Pre-Existing Conditions – those present prior to onset of the current travel-related illness: *(check all that apply)*

☐ Pregnancy *(any trimester)*	☐ Asplenia ➡ *If checked, select type:* ☐ Surgical ☐ Functional ☐ Unknown
☐ Currently on immunoglobulin replacement therapy	☐ Insulin-dependent Diabetes Melitus

☐ HIV Infection ➡ *If checked, select stage:*
- ☐ Stage 1 (CD4+ T-lymphocyte count ≥500 cells/mm^3 **and** no AIDS-defining condition)
- ☐ Stage 2 (CD4+ T-lymphocyte count 200-499 cells/mm^3 **and** no AIDS-defining condition)
- ☐ Stage 3, AIDS (CD4 Lymphocyte Count <200 cells/mm^3 *OR* CD4+ T-lymphocyte percentage of total lymphocytes of <14 *OR* documentation of an AIDS-defining condition)
- ☐ HIV infection, stage unknown

Patient on antiretroviral therapy? ☐ Yes ☐ No ☐ Unknown

☐ Solid malignancy under active chemo- or radio-therapy *(within 3 months)* or advanced incurable malignancy *(excluding hormonal therapy)*

☐ Hematological malignancy under active chemo- or radio-therapy *(within 3 months)* or advanced incurable malignancy

☐ Bone marrow transplant at any time ➡ *If checked, select type:* ☐ Autologous ☐ Non-autologous ☐ Unknown

☐ Immunosuppressing/Immunomodulating Agents *(currently or within 3 months; or within 1 year for lymphocyte depleting agents)*

↳ *If checked, select condition(s) at right:*

AND

select which Agents below:

- ☐ Autoimmune disorder (rheumatoid arthritis, lupus, psoriatic arthritis, other)
- ☐ Inflammatory bowel disease (Crohn's disease, ulcerative colitis)
- ☐ Solid Organ transplantation
- ☐ HSCT (hematopoietic stem cell transplantation) *(excluding autologous transplantations)*
- ☐ Psoriasis (no arthritis)
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Multiple sclerosis
- ☐ Other *If 'Other', specify:* ______________________________
- ☐ Unknown

Glucocorticoids *(≥2 mg/kg of body weight or ≥20 mg/day of systemic prednisone or equivalent for ≥14 days)*
- ☐ Any in this category

Alkylating agent
- ☐ Cyclophosphamide (Endoxan, Cytoxan, Neosar, Procytox, Revimmune)

Antimetabolites
- ☐ Methotrexate (Rheumatrex, Trexall)
- ☐ Azathioprine (Azasan, Imuran)
- ☐ 6-mercaptopurine (Purinethol)
- ☐ Leflunomide (Arava)

Transplant-related immunosuppressive agents
- ☐ Cyclosporine (Gengraf, Neoral, Sandimmune, Sangcya)
- ☐ Tacrolimus (Hecoria, Prograf)
- ☐ Sirolimus (Rapamune)
- ☐ Mycophenolate mofetil (CellCept, Myfortic)

TNF blocking Agents
- ☐ Etanercept (Enbrel)
- ☐ Infliximab (Remicade)
- ☐ Adalimumab (Humira)
- ☐ Certolizumab (Cimzia)
- ☐ Golimumab (Simponi)

Lymphocyte depleting drugs *(***within last 1 year)*
- ☐ Rituximab (Rituxan, MabThera)
- ☐ Alemtuzumab (Campath, MabCampath, Campath-1H)
- ☐ Alefacept (Amevive)
- ☐ Antithymocyte globulin (Thymoglobulin, Atgam)
- ☐ Muromonab (Anti-CD3, Orthoclone OKT3)

Adhesion blocking Agents
- ☐ Natalizumab (Tysabri)
- ☐ Ipilimumab (Yervoy)
- ☐ Abatacept (Orencia)

IL-1 Blockers
- ☐ Anakinra (Kineret)
- ☐ Rilonacept (Arcalyst)
- ☐ Canakinumab (Ilaris)

Interferons
- ☐ Interferon-alpha (Roferon)
- ☐ Interferon-beta 1a (Avonex)
- ☐ Interferon-beta 1b (Betaferon, Betaseron, Extavia, Ziferon)

Multiple Sclerosis only Immunomodulators
- ☐ Glatiramer (Copaxone, Copolymer 1, Cop-1)
- ☐ Mitoxantrone (Novantrone)
- ☐ Natalizumab (Tysabri)
- ☐ Fingolimod (Gilenya)

Other
- ☐ Other *Specify:* ______________________________

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☐ None of the Above Known to Exist