

**Annex I**  
**Data Collection Form**

**Investigating the Seroprevalence of SARS-CoV-2 Infections and Dengue Infections in Sri Lankan Children**

Name:

DOB:

Address:

Name Code:

Telephone:

Date:

School:

School Code:

1. Sex: 

Male		Female	
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2. Height:                      cm                      3. Weight:                      kg                      4. Waist Circumference                      cm

**Questions to be asked from the parent/guardian:**

5. Has your child been vaccinated against COVID-19?

	Yes		No
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6. If yes, please provide the following details:

	First Dose				Second Dose			
	Yes	No	Don't Know	Date of Vaccination	Yes	No	Don't Know	Date of Vaccination
Pfizer								
Sinopharm								
AstraZeneca								
Moderna								
Sputnik V								

Third Dose: Given/Not Given

Type of Vaccine:.....

7. Has your child had COVID-19 infection during the last two years?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
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If the answer is “No”, please go to question number 13

8. If yes, how was it confirmed?

Test	Yes	No	Don't Know	Date of Test
PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Did the child have any symptom of COVID-19?

	Yes	No	Don't Know
a. A few days before the diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Until 14 days after the diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What was the level of care offered for the child?

	Yes	No	Don't Know
a. Home-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intermediate Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COVID-19 Treatment Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HDU or ICU Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If institutionalized, what was the reason for institutionalization?

	Yes	No	Don't Know
a. It was the policy of the government to hospitalize everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The child was hospitalized as parents/care givers were worried about COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The child required hospitalization as the child was ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Details of hospital stay [To be filled with data extracted from the diagnosis card]**

a. What is the diagnosis written in the card?	
b. What was the recorded lowest oxygen saturation level?	
c. Was the child given oxygen at any time point?	
d. Did the child need ICU admission?	

**13. Immunization history of the child**

<b>Vaccine</b>	<b>Yes</b>	<b>No</b>	<b>AEFI (if observed)</b>
BCG			
OPV 1			
DPT 1			
Hep B 1			
Hib 1			
fIVP 1			
OPV 2			
DPT 2			
Hep B 2			
Hib 2			
fIVP 2			
OPV 3			
DPT 3			
Hep B 3			
Hib 3			
MMR 1			
JE			
OPV 4			
DPT 4			
MMR 2			
OPV 5			

DT			
HPV 1			
HPV 2			
aTd			

**Past history of dengue infection (to be retrieved from medical records)**

1. Has your child ever had confirmed dengue infection?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
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If the answer is "No", please go to the end of the questionnaire

2. If the answer is yes, when was it?

3. What was the level of care offered for the child?

	Yes	No	Don't Know
a. Home-based care			
b. Hospital general medical/pediatric ward care			
c. Hospital high dependency (HDU) care			
d. Hospital intensive (ICU) care			

4. Data on investigations and clinical outcome

	Yes	No	Don't Know
a. Thrombocytopenia			
If yes, what was the lowest platelet count			
b. Was an Ultrasound Scan of the abdomen done?			
c. Did the child have pleural effusion/ascites (Confirmed by an Ultrasound Scan)			
d. Did the child have any bleeding manifestations?			
If yes, describe			

e. Did the child have Dengue Haemorrhagic Fever/Dengue Shock Syndrome (based on the diagnosis entered on the diagnosis card)?			
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