

Interview sheet

Name _____ Age _____ Y or M

Body temperature _____°C

Body weight _____kg

Nursery, Kindergarten, Primary school, Junior high school

*What symptoms do you have?

Fever

(If you have a fever. .from when _____)

Malaise Headache Sorethroat Cough Snot

Phlegm Stomachache Vomiting Nausea

Gastralgia Constipation Diarrhea Anorexia

Skin symptoms • rash • hives • anitch • burm • wart • waterwart

* When the symptoms start?

* Are there any diseases that are prevalent around you ?

* Do you go to other clinic ? Did the clinic prescribe any medicine ?

*Do you have any other concerns ?