

**IBIS/SAPNA Form 1
PATIENT DATA FORM**

No	Question	Code
1.	Center	1. Delhi 5. Trivandrum 2. Lucknow 6. Vellore 3. Nagpur 7. Mumbai 4. Chennai 8. Calcutta
2.	Study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	Name	_____
4.	Hospital No:	_____
5.	Age	_____ yy/mm
5A.	Birth date, if known	_____ dd/mm/yy
6.	Sex	1. Male 2. Female
7.	Date of admission	_____ dd/mm/yy
8.	Duration of illness	_____ days
9.	Residence	1. Rural 2. Urban
10.	Status	1. IP 2. OP
11.	Education of patient	1. Illiterate 2. Read & Write years completed _____
12.	Mother's education	1. Illiterate 2. Read & Write years completed _____
FOR ALL SUBJECTS		
13.	Hospital Admission in the past 10 days	1. Yes 2. No
14.	History of measles in past 6 months	1. Yes 2. No
15.	Any medication in the last 48 hrs	1. Yes 2. No
16.	Any antibiotic in the last 48 hrs	1. Yes 2. No
17.	Any documented antibiotics in the past 48 hrs	1. Yes 2. No
18.	Name of the antibiotic received prior to admission	1. Inj. Penicillin 2. Amoxicillin 3. Cotrimoxazole 4. Cephalosporin 5. Tetracycline 6. Macrolide Antibiotics 7. Inj. Aminoglycosides 8. Chloramphenicol 9. Combination not include above
19.	Any antibiotics for other illness in 3 months	1. Yes 2. No
20.	Recruit	1. Retrospective 2. Prospective
21.	Referral patients	1. Yes 2. No

**IBIS/SAPNA Form 2
Clinical DATA FORM**

No	Question	Code
2.	Study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22.	Diagnostic criteria fulfilled	1. Suspected pyogenic meningitis 2. Pneumoniae with rapid breathing/X-ray proven 3. Severe pneumoniae with chest indrawing 4. Retrospective culture +ve in lab 5. CSF antigen +ve 6. Other severe disease/Septic Shock 9. N/A
23.	Final Diagnosis	1. Meningitis 4. Peritonitis 2. Pneumonia 5. Deep Pus Forming Infections 3. Septicemia 6. Others Specify _____ 9. N/A
24.	Duration of admission	_____ days
25.	Clinical status at discharge	1. Cured 5. Dead 2. Better 6. Discharged at Request 3. Same 7. Don't Know 4. Worse
26.	Prescribed antibiotic	1. Yes 2. No
	IF YES	1. IP 2. OP
27.	Name of the antibiotic prescribed by the treating doctor for the present illness	1. Inj. Penicillin 2. Amoxycillin 3. Cotrimoxazole 4. Cephalosporin 5. Tetracycline 6. Macrolide Antibiotics 7. Inj. Aminoglycosides 8. Chloramphenicol 9. Combination not include above
28.	Underlying illness	1. No illness 4. Renal Failure 2. HIV 5. Cytotoxic Drugs 3. Nephrotic Syndrome 6. Sickle Cell Disease 7. Cortico Steroid Treatment 8. Other Specify _____

EXCLUSION CRITERIA

1. ADMITTED TO HOSPITAL FOR MOR THAN 24 HRS IN THE LAST 10 DAYS
2. FEVER MORE THAN 5 DAYS DURATION

**IBIS/SAPNA Form 3
LAB DATA FORM**

No	Question	Code
2.	Study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29.	Blood culture done	1. Yes 2. No
30.	Lumbar puncture done	1. Yes 2. No
31.	Nasopharyngeal swab taken	1. Yes 2. No
32.	Other body fluids	1. Peritoneal Fluid 2. Pleural Fluid 3. Pericardial Fluid 4. Pus 5. Other Specify _____ 6. Not Applicable Specify _____
IF CSF IS DONE		
33.	Appearance	1. Clear 2. Turbid 3. Not Done
34.	CSF TC	_____
35.	CSF N%	_____
36.	CSF L%	_____
37.	CSF Protein	_____
38.	CSF Sugar	_____
39.	Blood Sugar	_____
CSF MICROSCOPY		
40.	Pus cells in CSF	1. Yes 2. No
41.	Bacteria in CSF	1. Gram +ve Cocci 2. Gram +ve Bacili 3. Gram -ve Cocci 4. Gram -ve Bacili 5. No Bacteria Seen 6. Not Done
42.	X-RY Finding	1. Normal 2. Lobar Pneumonia 3. Broncho Pneumonia 4. Other 5. Not taken

**IBIS/SAPNA Form 4
MICROBIOLOGY DATA FORM**

No	Question	Code
2.	Study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
43.	Blood culture done	1. Yes 2. No
44.	Lumbar puncture done	1. Yes 2. No
45.	Other body fluids	1. Peritoneal Fluid 2. Pleural Fluid 3. Pericardial Fluid 4. Pus, site _____ 5. Other Specify _____ 6. N/A
46.	CSF antigen test	1. Pneumo Y____ N____ 2. H. flu Y____ N____ 3. Not Done 4. Not Applicable
47.	CSF culture results	1. Pneumococci 2. H. influenzae 3. N. Meningitidis 4. No Growth 5. Contaminants 6. Not Done
48.	Blood culture performed	1. Yes 2. No 3. N/A
49.	Other fluids cultured	1. Yes 2. No 3. N/A
50.	NG swab culture performed	1. Yes 2. No 3. N/A
51.	CSF isolate sent to ref lab	1. Yes 2. No 3. N/A
	IF YES DATE Spec number	_____ _____
52.	Blood isolate sent to ref lab	1. Yes 2. No 3. N/A
	IF YES DATE Spec number	_____ _____
53.	Other isolate sent to ref lab	1. Yes 2. No 3. N/A
	IF YES DATE Spec number	_____ _____

IBIS/SAPNA Form 5
REFERENCE LAB DATA FORM

No	Question	Code
2.	Study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
54.	Bacteria isolated from normally sterile site Spec no. _____	1. Pneumococci 2. H. influenzae 3. Nisseria 4. Other Bacteria 5. No Growth 6. Contaminants 7. Not Done
55.	Bacteria isolated from normally sterile site Spec no. _____	1. Pneumococci 2. H. influenzae 3. Nisseria 4. Other Bacteria 5. No Growth 6. Contaminants 7. Not Done
56.	Invasive isolate: <i>S. pneumoniae</i> Sero type	Group _____ Subtype _____ 1.
57.	Invasive <i>S.pneumoniae</i> lyophilized	1. Yes 2. No
58.	Number of vials available	_____
59.	Dates/Storage number	_____
60.	Invasive isolate: <i>H. influenzae</i> Sero type	Group _____ Subtype _____ 1.
61.	Invasive <i>H.influenzae</i> lyophilized	1. Yes 2. No
62.	Number of vials available	_____
63.	Dates/Storage number	_____
ANTIMICROBIAL SENSITIVITY RESULTS		
<i>Pneumococci</i>		
64.	Penicillin	R, I, S (MIC _____)
65.	Cotrimoxazole	R, I, S (MIC _____)
66.	Chloramphenicol	R, I, S (MIC _____)
67.	Erythromycin	R, I, S (MIC _____)
68.	Cefataxime	R, I, S (MIC _____)
ANTIMICROBIAL SENSITIVITY RESULTS		
<i>H. influenzae</i>		
69.	Amoxycillin	R, I, S (MIC _____)
70.	Cotrimoxazole	R, I, S (MIC _____)
71.	Choloro	R, I, S (MIC _____)
72.	Cefataxime	R, I, S (MIC _____)
73.	Erythromycin	R, I, S (MIC _____)