

Form 6. Avian influenza antiviral side effects monitoring

Antiviral side effects monitoring of

- Avian influenza case
 Exposed person

Unique identifier (assigned by public health)
Exposed person unique identifier (assigned by public health)

Form completion details	
Date of initial form completion (DD/MM/YY) / /	Time of initial form completion :
Name of person completing form	Position of person completing form
Institution / organisation	
Telephone	Mobile

Monitored person details	
Name	Date of birth (DD/MM/YY) / /
Surname	Age years months
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	

Antiviral therapy
Indication of antiviral therapy? Prophylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> Treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Antiviral therapy details Medication (generic name and brand name) Daily dose (number) (unit) Date started (DD/MM/YY) / / Time started : Date finished (DD/MM/YY) / / Time finished :

Antiviral side effects monitoring								
Antiviral side effects monitoring until completion of therapy (as above)								
Day 0 is the day the therapy started. Please write the time when side effects occurred								
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Central nervous system								
Nervousness								
Anxiety								
Difficulty concentrating								
Light headedness								
Delirium								
Hallucinations								
Agitation								
Seizures								
Gastrointestinal system								
Nausea								
Loss of appetite								
Other (specify)								

Other information