

6. Have you had a fever in the last three months? *Ha tenido usted fiebre en los últimos tres meses?* Yes No Don't know

6a. First day of fever -*primer día con fiebre* (MM/DD/YYYY): _____/_____/_____

6b. Did you seek medical attention (e.g. doctor, pharmacist, healer, etc.)? *Buscó usted atención médica (doctor, farmacéutico, curandero, etc.)?* Yes No

6b-1. If yes, what is the name of the health care facility where you sought care? *(Si busco ayuda médica, cual es el nombre del lugar?)*

6b-2. Where is the health care facility located? *(Dónde está localizado este personal medico?)*

City, State _____, _____

United States Mexico Other

6b-3. If yes, what was the diagnosis? *(Cuál fue el diagnostico?)*

Flu Dengue Typhus /*Tifo murino* West Nile / *Fiebre del Nilo*

Other: _____ Don't know

6b-4. Were you hospitalized for this illness? *Estuvo usted hospitalizado por esta enfermedad?* Yes No

6b-4a. Duration of hospitalization/ *Duración de la hospitalización:*
_____ days

6b-4b. Hospital Name/ *Nombre del hospital:* _____

6c. During your illness, did you have any of the following:

	Yes	No	Unknown	Comments
Headache / <i>Dolor de la cabeza</i>				
Body/muscle pain / <i>Dolor del cuerpo o los musculos</i>				
Eye pain/ <i>Dolor de los ojos</i>				
Rash / <i>Erupcion de la piel</i>				
Lethargy / <i>Letargo</i>				
Anorexia				
Nausea/vomiting / <i>Nausea/vomitando</i>				
Dizziness resulting in fainting/ <i>Mareos que resultan en desmayos</i>				
Severe persistent abdominal pain / <i>Dolor abdominal severo y persistente</i>				
Persistent vomiting (≥3 times in 1 day) / <i>Vómito persistente</i>				
Bruising / <i>Moretones</i>				
Nose Bleeding / <i>Sangrado nasal</i>				
Bleeding from gums / <i>Sangrado en las encías</i>				
Blood in vomitus / <i>Sangrado en el vómito</i>				
Blood in urine / <i>Sangrado en la orina</i>				
Blood in stool / <i>Sangrado en la excreta</i>				
Black, tarry stools / <i>Excreta negra</i>				
Heavy vaginal bleeding / <i>Sangrado vaginal excesivo</i>				

(To be completed by the laboratory.)

Dengue Duo Test Results (check all that are positive):

RT-PCR IgM None Not done

If rt-PCR-positive, DENV type identified: DENV-1 DENV-2 DENV-3 DENV-4

Date specimen tested (MM/DD/YYYY): ____ / ____ / ____ Tested by: _____

Comments: