

MEDICAL HISTORYWas medical care obtained for this acute injury? Yes No UnknownIf YES, was TETANUS TOXOID administered after acute injury but before tetanus onset? Yes No UnknownIf YES, how soon after injury? <6 Hours 7-23 Hours 1-4 Days 5-9 Days 10-14 Days 15+ DaysWas wound debrided before tetanus onset? Yes No UnknownIf YES, how soon after injury? <6 Hours 7-23 Hours 1-4 Days 5-9 Days 10-14 Days 15+ DaysWas TETANUS IMMUNE GLOBULIN prophylaxis given before tetanus onset? Yes No UnknownIf YES, how soon after injury? <6 Hours 7-23 Hours 1-4 Days 5-9 Days 10-14 Days 15+ Days

If YES, dosage (in units): _____

If NO acute injury, identify associated condition: Abscess Ulcer Blister Gangrene Cellulitis Other infection None

Detailed description: _____

Diabetes? Yes No Unknown If YES, insulin-dependant diabetes? Yes No UnknownIntravenous drug abuse? Yes No Unknown**COURSE OF DISEASE**Date of Tetanus onset ____/____/____ Type of Tetanus Disease: Generalized Localized Cephalic UnknownWas TETANUS IMMUNE GLOBULIN therapy given? Yes No UnknownIf YES, how soon after illness onset? <6 Hours 7-23 Hours 1-4 Days 5-9 Days 10-14 Days

If YES, initial dosage (in units): _____ Total dosage (in units): _____ Days hospitalized: _____

Required mechanical ventilation? Yes No UnknownOutcome one month after onset: Recovered Convalescing Died If expired, DATE: ____/____/____**NEONATAL PATIENTS (LESS THAN 28 DAYS OLD)**

Mother's age: _____ years

Mother's TETANUS TOXOID history **PRIOR** to child's disease (known doses only): Never 1 Dose 2 Doses 3 Doses 4+ Doses UnknownInterval since last TT dose: _____ years Patient born in: Hospital Home Other (specify): _____Birth attended by: Physician Nurse Licensed Midwife Unlicensed Midwife Other (specify): _____ Unknown

Investigator's Name: _____ Agency name: _____

Phone: () _____ Date Investigation Initiated: ____/____/____ Date Completed: ____/____/____

COMMENTS: