



2.2

Primary Care Sore Throat

Prospective Study for patients ages 3 – 15 years presenting to Clinic with Sore Throat.

Subject Initials:

Medical Record No.:

Date of Birth:

DD / MM / YYYY

Gender:

Subject ID No:

This one-month review covers the period

to

Please tick all that apply.

Sore Throat?	Comments
Date of Complaint/Visit Date	Date: <input type="text"/>
Fever? If yes, temp:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
Swollen, tender anterior cervical lymph nodes (swollen glands under the chin)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
Tonsillar exudate (pus on tonsils)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
Cough?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
Rhinorrhea (runny nose)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
Final Diagnosis:	<input type="checkbox"/> Unknown
Treatment:	<input type="checkbox"/> Unknown
GAS Confirmed?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
If yes, confirmation method?	
Antibiotics Administered?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown/ Not Available
If yes, Type/Dosage:	

Source: South African clinical decision rule for evaluation of pharyngitis (Irlam et al. 2013)

Data Collector Name

Data Collection Date