

Additional file 2. Community acquired pneumonia -Clinical information records

Name:	Physical examination <input type="checkbox"/> RR(max:) <input type="checkbox"/> hypoxia(SpO2<95%) <input type="checkbox"/> rale or crackle <input type="checkbox"/> wheezing <input type="checkbox"/> retraction <input type="checkbox"/> decreased aeration
Birth date:	Chest X-ray (infiltration) <input type="checkbox"/> peribronchial <input type="checkbox"/> interstitial <input type="checkbox"/> lobar(RUL, RML, RLL, LUL, LLL) <input type="checkbox"/> pleural effusion(Rt/Lt)
Sex: M/F	Antibiotics prescription: N/Y <input type="checkbox"/> penicillin <input type="checkbox"/> cephalosporin <input type="checkbox"/> macrolid <input type="checkbox"/> tetracyclin <input type="checkbox"/> quinolone <input type="checkbox"/> aminoglycoside <input type="checkbox"/> carbapenem <input type="checkbox"/> glycopetdide <input type="checkbox"/> semipenicillin+lactamate inhibitor <input type="checkbox"/> etc.
Hospital name:	Underlying disease: N/Y <input type="checkbox"/> allergic disease: <input type="checkbox"/> cardiac disease: <input type="checkbox"/> kidney disease: <input type="checkbox"/> endocrine disease: <input type="checkbox"/> etc.
Date of Sampling:	Attendance of day care center or school: N/Y
Species of Sanple: NP/aspirate/Sputum/Throat swab/Transtracheal aspirate, BAL, etc	Sibling: N/Y
Admission:N/Y (date of admission:) (date of discharge:)	Special consideration:
Vaccination:N/Y-DTaP. Td, Tdap, pneumococcus/UK	
Chief Complaint: Onset: days ago	
Minor Sytoms: <input type="checkbox"/> fever (duration: days, up to) <input type="checkbox"/> chills <input type="checkbox"/> sore throat <input type="checkbox"/> myalgia <input type="checkbox"/> cough <input type="checkbox"/> sputum <input type="checkbox"/> nasal obstruction <input type="checkbox"/> rhinorrhea <input type="checkbox"/> horseness <input type="checkbox"/> dyspnea <input type="checkbox"/> chest pain <input type="checkbox"/> hemotypsis <input type="checkbox"/> abdominal pain <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> poor oral intake <input type="checkbox"/> rash	

<p>AOM: N/Y</p> <p>Pertussis suspicion: N/Y</p> <p><input type="checkbox"/> whooping cough <input type="checkbox"/> paroxysmal cough</p> <p>Mycoplasma pneumonia suspicion :N/Y</p>	
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