

CASE / CONTROL QUESTIONNAIRE

(FILL in a NEW SHEET for every fever case (inpatient/outpatient) in that house and for every repeat admission unless hospitalized again within 4 weeks).

- Date:
- Sample ID : (Village number) _____ + _____ (place sticker)
- Sample obtained: YES / NO;
- Phone number:

1. Control sample: Yes / No
2. For control samples only: Did you have any high grade fever since June 2017: Yes / No
(Can include those who had fever, but didn't go to health centre/hospitalized, no matter what duration)

3. Ask for both cases and controls: Socio-Demographic Profile

3.1. Name of patient	
3.2. Age of patient (years)	
3.3. Sex of patient	Male / Female
3.4 Geographic location	Lat _____ Long _____

FOR CONTROLS: STOP INTERVIEW HERE with Question 3.

FOR CASES ONLY continue with Questions below:

4. a. Details of OPD/health centre visit or hospital admission:

4.1. Duration of fever (days)	
4.2. Duration of stay in hospital/health centre or OPD (nights) (0 if not stayed overnight, eg. For OPD visit)	
4.3. Name of hospital/health centre (where hospitalized/treated):	
(Multiple options possible in case of referral)	
1. CMC,	5. Govt. Hosp Gudiyattam,
2. RUHSA,	6. Govt. Hosp anaicut,
3. CHAD,	7. Govt. Hosp KV kuppam,
4. GVMC –Adukkumbarai ,	8. GH (other),
	9. Other(write) _____
IF AVAILABLE – write CMC hospital number: _____	
4.4. Approximate date of admission _____	

b. Signs/symptoms of illness: (circle O)

4.5. Any breathing difficulty:	YES / NO
4.6. Did they give oxygen mask:	YES / NO
4.7. Did they put a tube into mouth for breathing :	YES / NO
4.8. Unconscious at some point and not talking at all?	YES / NO
4.9. Any confused speech?	YES / NO
4.10. Any seizure?	YES / NO
4.11. Any bleeding from stomach, stool or urine?	YES / NO
4.12. Did they do dialysis?	YES / NO
4.13. Did the person die?	YES / NO

c. Diagnosis What was the diagnosis according to health records or patient/relative? (tick v)

4.14. Dengue	
4.15. Scrub typhus	
4.16. Typhoid	
4.17. Malaria	
4.18. Pneumonia	
4.19. Other (write)	