**STUDY CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Tick/date/initial as required when task/document is completed** | | **Notes** |
| Participant ID No.: (write number) | # |  |
| Date of Visit: | dd - mmm - yyyy |  |
| Eligibility Verified | initial |  |
| Consent Form Completed | initial |  |
| Temperature recorded | initial |  |
| Questionnaire Completed | initial |  |
| Oral Fluid Collection Completed | initial |  |
| Blood Collection Completed | initial |  |
| Samples received by Study Coordinator | initial |  |
| Entered into Enrolment Log | initial |  |
| Entered into Database | dd - mmm – yyyy  initial |  |

**SURVIVOR PARTICIPANT QUESTIONNAIRE**

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| --- | --- |
| **Temperature (°C)** | **If above 37.9°C, postpone sampling and recommend to visit a doctor** |

**DEMOGRAPHIC DATA**

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| --- | --- | --- | --- |
| **Interview Date** | **Interviewer Initials** | | **Participant ID** |
| **Surname** | **First Name** | | **Other Names** |
| **Date of Birth:** \_\_\_ - \_\_\_\_\_ - \_\_\_\_ dd - mmm - yyyy  **Age** years | | | **Gender** (circle one)  **Male Female** |
| **Current Residence**  District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chiefdom/ Ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Previous Residence**  District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chiefdom/ Ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Marital Status:** Single Married Divorced Widowed | | | |
| **Cell Phone Number** | | | **Cell Phone Number of Caretaker** |
| **Occupation** (circle all that apply)  Health worker Traditional healer Traditional birth attendant Community/religious leader  Animal Farmer Crop Farmer Butcher Hunter Cook Cleaner  Labourer Trader Teacher Professional/Business Student  Child/Pupil Housewife Retired Unemployed  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify) | | | |

**OTHER MEDICAL CONDITIONS**

|  |
| --- |
| **Do you have any chronic illness? Yes No** |
| **If Yes, name of illness(es), or main symptoms** |
| **Are you an Ebola survivor? Yes No** |
| **If Yes, please provide date of discharge** |
| **During the last 12 months have you been diagnosed with Malaria? Yes No** |
| **Are you currently pregnant? Yes No**  **Have you given birth to a child within the last year? Yes No** |

**LASSA FEVER EXPOSURE SINCE DISCHARGE**

|  |  |
| --- | --- |
| **Do you think you may have been sick with Lassa Fever again since you were discharged from hospital?**  **Yes No** | |
| **If Yes, please describe symptoms and dates** | |
| **If yes, how do you think you were infected in this new illness?**  (circle one) | 1. Contact with rodents or rodent droppings in or near your household/compound 2. Contact with rodents or rodent droppings in another location 3. Eating contaminated food 4. Hunting rodents/small animals 5. Preparing rodents/small animals for cooking 6. Caring for someone who was ill 7. Contact with someone who was ill but not in your care 8. Witchcraft / Curse 9. Other (describe) 10. Don’t know |
| **Has anyone within your household had Lassa Fever since you were discharged from hospital?**  **Yes No** | |
| **If Yes, please describe symptoms and dates** | |
| **Do you know anyone outside your household who got Lassa Fever since you were discharged?**  **Yes No** | |
| **If Yes, did you have contact with them?**  **Yes No** | |
| **If Yes, please describe symptoms and dates of the person who was ill** | |
| **Have you made any changes in your household or practices to prevent Lassa infections since you were discharged from hospital?**  **Yes No** | |
| **If Yes, please describe** | |

**LASSA FEVER HISTORY**

|  |  |
| --- | --- |
| **Duration of symptoms before admission to hospital?**  1-3 days 4-7 days 8-14 days 15-21 days 22-28 days >28 days | |
| **Symptoms at admission?**  (Circle all numbers that apply) | |
| 1. Fever | 1. Muscle and/or joint pain/ache |
| 1. Fatigue (general body weakness) | 1. Sore throat or pain with swallowing |
| 1. Headache | 1. Hiccups |
| 1. Loss of appetite | 1. Red eyes |
| 1. Nausea or Vomiting | 1. Blurry vision |
| 1. Abdominal pain | 1. Bleeding gums |
| 1. Diarrhoea | 1. Miscarriage |
| 1. Blood in the stool | 1. Other (please describe) |
| **Severity of illness at admission** (Circle one): Mild Moderate Severe | |
| **Do you think you know how you got sick?**  (circle one) | 1. Contact with rodents or rodent droppings in or near your household/compound 2. Contact with rodents or rodent droppings in another location 3. Eating contaminated food 4. Hunting rodents/small animals 5. Preparing rodents/small animals for cooking 6. Caring for someone who was ill 7. Contact with someone who was ill but not in your care 8. Witchcraft / Curse 9. Other (describe) 10. Don’t know |
| **When were you discharged from hospital?** \_\_\_ - \_\_\_\_\_ - \_\_\_\_ **dd – mmm - yyyy** | |
| **Laboratory results on discharge** | |

**PERCEPTION OF ORAL SAMPLE COLLECTION**

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| --- |
| **Do you prefer giving a sample using the oral swab or do you prefer blood sample collection?**  **Oral Fluid Blood sample** |
| **Do you think you would be happy to give an oral fluid sample every 2-4 weeks if you were part of a research study?**  **Yes No** |
| **Any other comments/feedback about using the oral swab?** |

**CONTROL PARTICIPANT ELIGIBILITY CHECK**

**For ‘Not eligible’ responses: do not recruit into the study; no further questions, no sample collection.**

|  |  |
| --- | --- |
| **Were you ever tested for Lassa Fever?** (circle one) **Yes No** | |
| **What was the final result of your test for Lassa Fever?** (circle one)  **Negative**  **Didn’t receive result (Not eligible) Don’t remember (Not eligible) Positive (Not eligible)** | |
| **Have you ever lived, worked or visited in a Lassa-endemic area? Yes (Not eligible) No** | |
| **Has anyone within your household had Lassa Fever? Yes (Not eligible) No** | |
| **Do you know anyone outside your household who got Lassa Fever? Yes No** | |
| **If Yes, did you have contact with them? Yes (Not eligible) No** | |
| **Temperature: (°C)** | **If above 37.5°C – Not eligible for study participation, no further questions and no sample collection. Advise individual to seek medical advice** |

**CONTROL PARTICIPANT QUESTIONNAIRE**

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|  |  |  |  |
| --- | --- | --- | --- |
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