**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 – yyyyinitial |  |

**SURVIVOR PARTICIPANT QUESTIONNAIRE**

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

**DEMOGRAPHIC DATA**

|  |  |  |
| --- | --- | --- |
| **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 leaderAnimal Farmer Crop Farmer Butcher Hunter Cook CleanerLabourer 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**

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| **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.**

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| --- |
| **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**

**DEMOGRAPHIC DATA**

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