Cholera Investigation Questionnaire

1. SECTION A - Demographic information

* Indicates required question

1. 1.1. Participant initials & surname

2. 1.2. Date of Birth *

Example: January 7, 2019

3. 1.3. Sex *

Mark only one oval.

- Male
- Female

4. 1.4. Contact number.

5. 1.5. Home Address (town & province)

6. 1.6. What is your occupation?

7. 1.7. Work address (town & province)

Skip to question 8

2. SECTION B: EXPOSURE HISTORY

Answer these questions based on your exposure between the **8th and 14th of May**

8. 2.1. On campus, between the 8th and the 14th of May, indicate which water you use for which purpose (tick all applicable) *

Check all that apply.

	Drinking	Bathing	Brushing teeth	Washing hands	Not applicable
Municipal tap water indoors	☐	☐	☐	☐	☐
Municipal tap water outdoors	☐	☐	☐	☐	☐
Jojo tanks on campus	☐	☐	☐	☐	☐
Filtered water in the bangalows	☐	☐	☐	☐	☐
Bottled water	☐	☐	☐	☐	☐

9. 2.2. Since arriving at the academy, have gone out for any reason between the 8th and the 14th of May? *

Mark only one oval.

- ◯ Yes *Skip to question 10*
- ◯ No *Skip to question 18*

3. Hygiene off Campus

Answer these questions based on the hygiene between the **8th and 14th of May**

10. 3.1. If Yes to 2.2: How often?

Check all that apply.

- [ ] Everyday
- [ ] 3 to 5 days a week
- [ ] less than 3 days a week
- [ ] N/A

11. 3.2. While off campus, indicate which water you used for which purpose between the 8th and the 14th of May (tick all applicable) *

Check all that apply.

	Drinking	Washing hands	Not applicable
Municipal tap water indoors	☐	☐	☐
Municipal tap water outdoors	☐	☐	☐
Jojo tanks on campus	☐	☐	☐
Filtered water in the bangalows	☐	☐	☐
Bottled water	☐	☐	☐

12. 3.3. When off campus, between the 8th and 14th of May did you eat any food?

Mark only one oval.

- ◯ Yes
- ◯ No

13. 3.4. If yes, which food items did you eat? *

_____

14. 3.5. Where did you shop for fresh fruit or vegetables when you were off campus? (indicate shop/vendor location) (between the 8th and 14th of May)

_____

_____

_____

_____

_____

15. 3.6. Which water did you use to wash fruits and vegetables? (between the 8th and 14th of May)

Check all that apply.

- ☐ I did not wash fruits & vegetables
- ☐ Municipal tap water
- ☐ Jojo tank water
- ☐ Water from vendor

16. 3.7. When off campus, between the 8th and 14th of May , which forms of toilet did you make use of?

Check all that apply.

- [ ] Indoor flushing toilet
- [ ] Flushing toilet on stand but outside house
- [ ] Pit Latrine
- [ ] Other
- [ ] Other: _____

17. 3.8. When off campus, which of the following were available at the toilet? (between the 8th and 14th of May)

Check all that apply.

- [ ] Tap with running water without soap
- [ ] Tap with running water and soap (At all the times)
- [ ] Tap with running water and soap (Sometimes)
- [ ] No water

4. Toilet on Campus

Answer these questions based on the hygiene between the **8th and 14th of May**

18. 4.1. When on campus, which of the following were available at the toilet from the 8th to the14th of May ? *

Check all that apply.

- [ ] Tap with running water without soap
- [ ] Tap with running water and soap (At all times)
- [ ] Tap with running water and soap (Sometimes)
- [ ] No Water

19. Between 8th and 14th of May, did you carry your own sanitizer to the bathroom?

Mark only one oval.

- ◯ Yes
- ◯ No

5. SECTION C: DETAILS ABOUT ILLNESS

Answer these questions based on details about illness between the **8th and 24th of May**

20. 5.1. Did you get sick with gastro enteritis (diarrhea and vomiting) since you arrived at the academy? *

Mark only one oval.

- ◯ Yes
- ◯ No

6. Gastro enteritis /Diarhea

Answer these questions based on details about illness between the **8th and 24th of May**

21. 6.1. Which of the following symptoms is/were present during the illness? *

Check all that apply.

- ☐ Watery diarrhoea
- ☐ Abdominal cramps
- ☐ Vomiting
- ☐ Headache
- ☐ Body weakness
- ☐ Other: _____

22. 6.2. Before illness onset did you have contact with anyone with similar symptoms

Mark only one oval.

- ◯ Yes
- ◯ No

23. 6.3. If yes, where did you have contact with them?

_____

24. 6.4. Date of onset of diarrhoea/illness *

_____

Example: January 7, 2019

25. 6.5. Is diarrhoea still present? *

Mark only one oval.

- ◯ Yes
- ◯ No

26. 6.6. Last day on which diarrhoea/illness occurred.

_____

Example: January 7, 2019

27. 6.7. Were stool specimens collected? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unknown

28. 6.8. Were you admitted to hospital? *

Mark only one oval.

- ◯ No
- ◯ Yes

29. 6.9. If yes: Name of hospital

_____

30. 6.10. If yes: Date admitted:

_____

Example: January 7, 2019

31. 6.11. Did you seek any medical attention? *

Mark only one oval.

- ◯ Yes
- ◯ No

32. 6.12. If yes, which one?

Check all that apply.

- ☐ Phamarcy
- ☐ Private doctor
- ☐ Clinic
- ☐ Hospital
- ☐ Traditional healer
- ☐ Other: _____

You have reached the end.
Thank you for taking the time to complete the questionnaire.

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