SFTS Investigation Questionnaire

Code: □□□□□□□□□□□□□

1. General Information

1.1 Name: _____ (For children under 14 years old, also provide parent's name: _____)

1.2 Gender: ① Male ② Female

1.3 Ethnicity: ① Han ② Other: _____

1.4 Date of Birth: _____ (If the exact date is unknown, fill in the age: ____ years)

1.5 Occupation:

(1) Preschool Child
(2) Unsupervised Child
(3) Student
(4) Teacher
(5) Nursery Worker/Nanny
(6) Food Service Workers
(7) Public Service Personnel
(8) Commercial Service Workers
(9) Tourism Service Workers
(10) Medical Personnel
(11) Administrative Staff
(12) Worker
(13) Migrant Worker
(14) Farmer
(15) Forestry
(16) Tea Picking
(17) Herdsman
(18) Hunting
(19) Wildlife Sales/Processing
(20) Retired
(21) Homemaker/Unemployed
(22) Unknown
(23) Other: _____

1.6 Current Address:

_____ Province
_____ City
_____ District
_____ Street
_____ Village (Committee)
_____ House Number

1.7 Telephone Number : _____ (Relationship with Patient: _____)

1.8 Identification Number: _____

1.9 Marital Status: ① Married ② Unmarried ③ Divorced ④ Widowed

1.10 Underlying Diseases: ① Yes ② No

1.10.1 Type of Underlying Diseases (*Multiple Choice Questions*):

① Hypertension ② Diabetes ③ Chronic Respiratory Disease ④ Other: _____

1.11 Smoking History: ① Yes ② No

1.12 Allergy History: ① Yes ② No

1.13 Height: _____ cm

1.14 Weight: _____ kg

1.15 Annual Household Income: ¥ _____ (yuan)

2. Onset and Medical Information

2.1 Date of Onset: ____ ____ ____

2.2 Medical Visits:

Visit	Date	Medical Institution	Institution Level*	Diagnosis	Outpatient/Inpatient
1st					
2nd					
…					

* Institution Level: (1) Village Clinic (2) Township Level (3) County/District Level (4) City Level and Above

2.3 Admission Date at Current Hospital: ____ ____ ____

2.4 Medical Record Number: _____

2.5 Admission Diagnosis: _____

2.6 Discharged: ① Yes ② No (*Skip to 2.7*)

If discharged:

2.6.1 Discharge Diagnosis: _____

2.6.2 Discharge Date: ____ ____ ____

2.7 Patient's Condition at the Time of Investigation:

① Recovered ② Improved ③ Worsened ④ Deceased

2.8 Final Outcome: ① Recovered ② Deceased ③ Other

3. Clinical Manifestations

3.1 Initial Symptoms: _____

3.2 General Symptoms and Signs:

3.2.1 Fever: ① Yes, highest: ____ ℃ ② No

3.2.2 Chills: ① Yes ② No

3.2.3 Headache: ① Yes ② No

3.2.4 Fatigue: ① Yes ② No

3.2.5 General Aches: ① Yes ② No

3.2.6 Conjunctival Congestion: ① Yes ② No

3.2.7 Petechiae or Ecchymosis: ① Yes ② No

3.2.8 Gingival hemorrhage: ① Yes ② No

3.2.9 Appetite Loss: ① Mild ② Anorexia ③ None

3.2.10 Nausea: ① Yes ② No

3.2.11 Vomiting: ① Yes ② No

3.2.12 Hematemesis: ① Yes ② No

3.2.13 Abdominal Pain: ① Yes ② No

3.2.14 Abdominal Distension: ① Yes ② No

3.2.15 Diarrhea: ① Yes, ____ times/day ② No

3.2.16 Stool Characteristics:① Blood Stool ② Melena ③ Watery Stool ④ Other: _____

3.2.17 Flank Pain: ① Yes ② No

3.2.18 Lymphadenopathy: ① Yes ② No

3.2.18.1 If yes, location, size, and tenderness: _____

3.3 Other: _____

4. Complete Blood Count （CBC）

Sequence	Test Date (YYYY/MM/DD)	White Blood Cells (10^9/L)	Platelets (10^9/L)	Neutrophils (10^9/L)	Lymphocytes (10^9/L)	Testing Institution
1st						
2nd						
…						

5. Epidemiological Investigation

5.1 Type of Residence One Month before Onset (*Multiple Choice Questions*):

① Hills/Mountains ② Plains ③ Other: _____

5.2 If 5.1 is ② or ③, did you visit hills or mountains one month before onset?

① Yes, specific location: _____ ② No ③ Don't remember

5.3 Outdoor Activity History Two Weeks before Onset:

5.3.1 Farming: ① Yes ② No

5.3.2 Mowing: ① Yes ② No

5.3.3 Hunting: ① Yes ② No

5.3.4 Tea Picking: ① Yes ② No

5.3.5 Herding: ① Yes ② No

5.3.6 Logging: ① Yes ② No

5.3.7 Traveling: ① Yes, _____ ② No

5.3.8 Other Major Activities: _____

5.4 Presence of Ticks at Residence One Month before Onset: ① Yes ② No ③ Don't know

5.5 Seen Ticks One Month before Onset: ① Yes ② No ③ Don't know

5.6 Tick Bite History Two Weeks before Onset:

① Yes (*Please continue answering 5.6.1 and 5.6.2*) ② No ③ Don't know

5.6.1 Time and Frequency:

① Number of times: _____

② First bite date: ____ ____ ____

③ Last bite date: ____ ____ ____

5.6.2 Location (*Multiple Choice Questions*):

① Foot ② Leg ③ Abdomen ④ Back ⑤ Neck ⑥ Other: _____

5.7 Skin Damage Two Weeks Before Onset: ① Yes ② No

5.8 Heard of Similar Patients in the Village Before Onset (without contact):

① Yes (*Please continue answering 5.8.1*) ② No (*Skip to 5.9*)

5.8.1 Details of Similar Patients:

Name	Gender	Age	Current Address	Telephone Number
…				

5.9 Contact with Similar Patients Before Onset:

① Yes (*Please continue answering 5.9.1*) ② No (*Skip to 5.10*)

5.9.1 Details of Contacted Patients:

Name	Gender	Age	Current Address	Relationship	Diagnosis	Contact Mode*	Telephone Number
…							

* Contact Mode (*Multiple Choice Questions*):

① Direct contact with patient's blood

② Direct contact with patient's secretions/excretions

③ Treatment/Care

④ Co-residing
⑤ Other (specify in table)

5.10 Animals Kept at Home: ① Yes (*fill in the table*) ② No ③ Don't know

Species and number of animals*	Contact with Animals Two Weeks Before Onset (Y/N)	Feeding Animals (Y/N)	Contact with Animal Feces (Y/N)	Contact Frequency	Presence of Ticks on Animals#
e.g. dogs, 3					

* Species: dogs, cats, cattle, sheep, pigs, chickens, ducks, geese, etc.
# Presence of ticks on animals: ① Yes ② No ③ Don't know

5.11 Contact with Wild Animals Two Weeks before Onset:

① Yes (*fill in the table*) ② No ③ Don't know

Species of animals	Presence of Ticks on Animals#
…	

Presence of ticks on animals: ① Yes ② No ③ Don't know

5.12 Rats Found at Home One Month before Onset: ① Yes ② No ③ Don't know

5.13 Presence of Weeds Around Residence: ① Yes ② No

5.14 Presence of Weeds Around Workplace: ① Yes ② No

6. Investigation Summary:

_____

_____

_____

_____

_____

7. Specimen Number:

7.1 Serum Specimen: _____

7.1.1 Acute Phase Serum Number: _____

7.1.2 Convalescent Phase Serum Number: _____

8. Laboratory Test Results

8.1 Virus Isolation Result: ① Positive ② Negative ③ Not Tested/Not Received

8.2 Test Result of SFTSV-RNA:

① Positive ② Negative ③ Suspected ④ Not Tested/Not Received

8.3 Serological Test Results:

	ELISA		Indirect Immunofluorescence (IFA)	
	IgG	IgM	IgG	IgM
Acute Phase				
Convalescent Phase				

Fill in the blanks with: ① Positive ② Negative ③ Not Tested/Not Received

Investigator's Signature: _____

Investigation Date: ____ ____ ____

Investigator's Institution: _____