

RIFT VALLEY FEVER IN SEMBABULE DISTRICT, 2020 CASE CONTROL STUDY QUESTIONNAIRE

ID: CASE ☐

CONTROL ☐

Section 1. Demographic

Patient's Surname: _____ Other Names: _____ Age: _____ ☐ Years ☐ Months

Gender: ☐ Male ☐ Female Phone Number of Patient/Family Member: _____

Owner of Phone: _____

Status of Patient at Time of This Case Report: ☐ Alive ☐ Dead *If dead, Date of Death: ____/____/____ (D, M, Yr)*

Permanent Residence:

Head of Household: _____ Village/Town: _____ Parish: _____

Sub-County: _____ District: _____

Country of Residence: _____

Occupation:

☐ Farmer ☐ Butcher ☐ Hunter/trader of game meat ☐ Miner ☐ Herdsman ☐ Housewife ☐ Pupil/student

☐ Child ☐ Religious leader

☐ Businessman/woman; type of business: _____ ☐ Transporter; type of transport: _____

☐ Healthcare worker; position: _____ healthcare facility: _____ ☐ Traditional healer

☐ Other; please specify occupation: _____

Location Where Patient Became Ill:

Village/Town: _____ Sub-County: _____ District: _____

GPS Coordinates at House: latitude: _____ longitude: _____

If different from permanent residence, Dates residing at this location: ____/____/____ - ____/____/____ (D, M, Yr)

Section 2. Clinical Signs and Symptoms

Date of Initial Symptom Onset: ____/____/____ (D, M, Yr)

Please tick an answer for ALL symptoms indicating if they occurred during this illness between symptom onset and case detection:

Fever ☐ Yes ☐ No ☐ Unk

If yes, Temp: ____ °C Source: ☐ Axillary ☐ Oral ☐ Rectal

Vomiting/nausea ☐ Yes ☐ No ☐ Unk

Diarrhea ☐ Yes ☐ No ☐ Unk

Intense fatigue/general weakness ☐ Yes ☐ No ☐ Unk

Anorexia/loss of appetite ☐ Yes ☐ No ☐ Unk

Abdominal pain ☐ Yes ☐ No ☐ Unk

Chest pain ☐ Yes ☐ No ☐ Unk

Muscle pain ☐ Yes ☐ No ☐ Unk

Joint pain ☐ Yes ☐ No ☐ Unk

Headache ☐ Yes ☐ No ☐ Unk

Cough ☐ Yes ☐ No ☐ Unk

Difficulty breathing ☐ Yes ☐ No ☐ Unk

Difficulty swallowing ☐ Yes ☐ No ☐ Unk

Sore throat ☐ Yes ☐ No ☐ Unk

Jaundice (yellow eyes/gums/skin) ☐ Yes ☐ No ☐ Unk

Conjunctivitis (red eyes) ☐ Yes ☐ No ☐ Unk

Skin rash ☐ Yes ☐ No ☐ Unk

Hiccups ☐ Yes ☐ No ☐ Unk

Pain behind eyes/sensitive to light ☐ Yes ☐ No ☐ Unk

Coma/unconscious ☐ Yes ☐ No ☐ Unk

Confused or disoriented ☐ Yes ☐ No ☐ Unk

Unexplained bleeding from any site ☐ Yes ☐ No ☐ Unk

If Yes:

Bleeding of the gums ☐ Yes ☐ No ☐ Unk

Bleeding from injection site ☐ Yes ☐ No ☐ Unk

Nose bleed (epistaxis) ☐ Yes ☐ No ☐ Unk

Bloody or black stools (melena) ☐ Yes ☐ No ☐ Unk

Blood or "coffee grounds" in vomit ☐ Yes ☐ No ☐ Unk

(hematemesis)

Coughing up blood (hemoptysis) ☐ Yes ☐ No ☐ Unk

Bleeding from vagina, ☐ Yes ☐ No ☐ Unk

other than menstruation

Bruising of the skin ☐ Yes ☐ No ☐ Unk

(petechiae/ecchymosis)

Blood in urine (hematuria) ☐ Yes ☐ No ☐ Unk

Other hemorrhagic symptoms ☐ Yes ☐ No ☐ Unk

If yes, please specify: _____

Other non-hemorrhagic clinical symptoms: ☐ Yes ☐ No ☐ Unk

If yes, please specify: _____

Section 3. Hospitalization information

At the time of this case report, is the patient hospitalized or currently being admitted to the hospital? ☐ Yes ☐ No

If yes, Date of Hospital Admission: ____/____/____ (dd, mm, yyyy) Health Facility Name: _____

Village/Town: _____ Sub-County: _____ District: _____

Is the patient in isolation or currently being placed there? ☐ Yes ☐ No *If yes, date of isolation: ____/____/____ (dd, mm, yyyy)*

Was the patient hospitalized or did he/she visit a health clinic previously for this illness? ☐ Yes ☐ No ☐ Unknown

If yes, please complete a line of information for each previous hospitalization:

Dates of Hospitalization	Health Facility Name	Village	District	Was the patient isolated?
____/____/____ - ____/____/____ (dd, mm, yyyy)				☐ Yes ☐ No
____/____/____ - ____/____/____ (dd, mm, yyyy)				☐ Yes ☐ No

Section 4. Epidemiological Risk Factors and Exposures

- Do you have any animals in your household? Yes ☐ No ☐
If yes, which ones? (list them...)
Cows Yes ☐ No ☐
Goats Yes ☐ No ☐
Sheep Yes ☐ No ☐
Pigs Yes ☐ No ☐
Dogs Yes ☐ No ☐
Other Yes ☐ No ☐
Specify if other _____
 - If Yes, do you herd these animals?
Cows Yes ☐ No ☐
Goats Yes ☐ No ☐
Sheep Yes ☐ No ☐
Pigs Yes ☐ No ☐
Dogs Yes ☐ No ☐
Other Yes ☐ No ☐
 - Do you usually share the same shelter with animals at night? Yes ☐ No ☐
 - Where do you normally take your animals to drink water?
a. Swamp Yes ☐ No ☐
b. River Yes ☐ No ☐
c. Lake Yes ☐ No ☐
d. Well Yes ☐ No ☐
e. Dam Yes ☐ No ☐
f. Other [Specify].....
 - Where do you normally take your animals to graze?
a. Swamp Yes ☐ No ☐
b. River Yes ☐ No ☐
c. Lake Yes ☐ No ☐
d. Well Yes ☐ No ☐
e. Dam Yes ☐ No ☐
f. Other [Specify].....
- IN THE PAST ONE(1) WEEK PRIOR TO SYMPTOM ONSET: (Remember IP for RVF in humans ranges from 2-6 days)**
- Did you slaughter any animal/animals in the past one week prior to symptom onset ?
 - Did you participate in slaughter of any sick animal in the past one week prior to symptom onset? (okubaaga)
Yes ☐ No ☐
 - Did you participate in slaughter of any dead animal of unknown cause of death in the past one week prior to symptom onset? (okubaaga)
Yes ☐ No ☐
 - Did you butcher any animal/animals in the past one week prior to symptom onset?
Yes ☐ No ☐
 - Did you participate in butchering of any meat from an animal of unknown cause of death in the past one week prior to symptom onset? (okutematema)
Yes ☐ No ☐ Don't know ☐
 - Did you participate in butchering of any meat from an animal of unknown origin in the past one week prior to symptom

onset? (okutematema) Yes [] No [] Don't know []

12. Did you handle any abortus in the past one week prior to symptom onset? Yes [] No []

13. Did you wear any protective gear? Yes [] No []

a. Slaughtering Yes [] No []

b. Butchering Yes [] No []

c. Handling abortus Yes [] No []

d. Other _____

Specify if other _____

14. Did you buy meat from butchery in the past one week prior to symptom onset? Yes [] No []

15. How much did you buy a kg of this meat on average? _____ (UGX)

16. Did you touch this uncooked meat? Yes [] No []

17. Did you eat any meat in the past one week prior to symptom onset? Yes [] No []

18. If yes, which form of meat did you eat?

a. Boiled Yes [] No []

b. Roasted Yes [] No []

c. Fried Yes [] No []

d. Fried and Boiled Yes [] No []

e. Roasted and Fried Yes [] No []

19. If boiled, for how long? _____ [Minutes]

20. Did you milk animals in the past one week prior to symptom onset? Yes [] No []

21. Did you take unboiled milk in the past one week prior to symptom onset? Yes [] No []

22. Did you travel outside your home or village/town in the past one week prior to symptom onset?

Yes [] No [] Unknown []

If yes, Village: _____ District: _____ Date(s): ____/____/____ - ____/____/____ (D, M, Yr)

23. What were the reasons for travelling?

24. Did the patient have direct contact (hunt, touch, eat) wild animals in the past one week prior to symptom onset?

Yes [] No [] Unknown []

Bats Yes [] No [] Unknown []

Primates e.g. Monkeys Yes [] No [] Unknown []

Rodents e.g. guinea pigs Yes [] No [] Unknown []

Snakes Yes [] No [] Unknown []

Wild birds Yes [] No [] Unknown []

Other Yes [] No [] Unknown []

Specify if other _____

25. Have you been sleeping under a mosquito net in the past one week prior to symptom onset? Yes [] No []

26. Are there some activities that destroy the environment going on around?

List them _____

27. Are there mosquitoes in the environment? Yes [] No [] Unknown []

28. Is there standing water (swamps, water pools) in the environment? Yes [] No []

29. Is there a forest nearby? Yes [] No []

Case Investigation Form completed by:

Name: _____ Phone: _____ E-mail: _____

Position: _____