

## Viral Causes of Severe Febrile Illness: PERSONAL DETAILS

ID  Date of Registration   
(dd/mm/yyyy)

**Subject's First Name**   
**Second Name**   
**Third Name**   
**Other name**

**House Number (DSS)**   
**Village**

**District**  **Province**

**Head of Household's Name**   
**Relationship to HH**

**Usual Occupation**

**Do you SLEEP at this house?**  **Do you STAY at this house?**

**Year of Birth**

**Sex (0=Female, 1=Male)**

**Age in years**

**School**

**Moved Here in last 2 yrs?**

**Permanent Village Resident?**  **Semi-Nomadic?**

**When?:**

**From Where?:**

**Past Medical History**

**Current Medicines:**

### Assistant Information

**Name of Data Collector**

**Name of Data Enterer**

## Viral Causes of Severe Febrile Illness: PATIENT SYMPTOMS

ID

How long have you been sick?:

Have you had any of these symptoms since your illness began?

**Fever**  **Chills**  **Flushing**

**Sick Feeling**  **No appetite**

**Backache**  **Muscle aches**

**Nausea**  **Vomiting**  **Vomiting Blood**

**Bloody stool**

**Rash**  **Bruising**  **Nosebleeds**

**Headache**  **Neck stiffness**

**Red eyes**  **Eye pain**  **Painful eyes to light**

**Poor vision**

**Spinning feeling**  **Confusion**

**Hard to arouse**  **Coma**

What is the patient's Clinical Syndrome best described as?

Principal Investigator: A. Desiree LaBeaud

## Viral Causes of Severe Febrile Illness: NON-ANIMAL EXPOSURES

ID

Type of settlement

Home flooded?  When was it flooded?

Displacement by flood?  When were you displaced?

Do you use mosquito net?  How often use net?   
Indicate: Never, Other, Monthly, Weekly, or Daily

Do you use fire?  How often do you use fire?   
Indicate: Never, Other, Monthly, Weekly, or Daily

Do you use mosquito coil?  How often coils?   
Indicate: Never, Other, Monthly, Weekly, or Daily

Do you use other mosquito control? What kind?

Do you have screens on your home windows?

When was the last time you had a mosquito bite?   
Indicate: < 1month, 1-3 mo, 4-6mo, 7-12mo, 1-2 yr, or never

When was the last time you were ill?   
Indicate: < 1month, 1-3 mo, 4-6mo, 7-12mo, 1-2 yr, or never

When did you last have an ill family member?   
Indicate: < 1month, 1-3 mo, 4-6mo, 7-12mo, 1-2 yr, or never

When was your last contact with a dead human body?   
Indicate: < 1month, 1-3 mo, 4-6mo, 7-12mo, 1-2 yr, or never

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What type of roofing do you have in your home?   
Indicate: natural material, corrugated metal or plastic, or other

Which would best describe your latrine?   
Indicate: bush, pit, VIP latrine, toilet, other

What type of flooring do you have in your home?   
Indicate: dirt, wood, cement, tile, or other

Where does your drinking water come from?   
Indicate: river/pond, rain, public well/borehole, inside well, public tap/piped, or other

Are there objects around your home that collect water?

**Please list the objects.**

**Do mosquitoes bother you during the day time?**

**Do mosquitoes bother you during the night time?**

**How much time do you spend outdoors each day?:**

**How often are you bitten by mosquitoes:**

**Do you avoid mosquitoes?**

**Principal Investigator: A. Desiree LaBeaud**

## Viral Causes of Severe Febrile Illness: ANIMAL EXPOSURES

ID

How often do you have sheep contact?:

Indicate: Never, Other, Monthly, Weekly, or Daily

How often do you have goat contact?:

Indicate: Never, Other, Monthly, Weekly, or Daily

How often do you have cow contact?:

Indicate: Never, Other, Monthly, Weekly, or Daily

How often do you have camel contact?:

Indicate: Never, Other, Monthly, Weekly, or Daily

Have you SHELTERED livestock in your home?

camel  sheep  goat  cow  other

Have you KILLED an animal?

camel  sheep  goat  cow  other

Have you BUTCHERED an animal?

camel  sheep  goat  cow  other

Have you SKINNED an animal?

camel  sheep  goat  cow  other

Have you COOKED WITH MEAT?

camel  sheep  goat  cow  other

Have you MILKED an animal?

camel  sheep  goat  cow  other

Have you DRUNK RAW MILK?

camel  sheep  goat  cow  other

Have you CARED FOR A BIRTHING ANIMAL?

camel  sheep  goat  cow  other

Have you DISPOSED OF AN ABORTED ANIMAL FETUS?

camel  sheep  goat  cow  other

Principal Investigator: A. Desiree LaBeaud

**Viral Causes of Severe Febrile Illness: PHYSICAL EXAM**

ID  Weight in kg  Height in cm

General Wasted?

Head

Eyes

Scleral hemorrhages?  Scleral Icterus?

Ears

Nose

Throat

Neck

Normal movement?

Chest

Heart

Murmur?

Abdomen

Hepatomegaly?  Splenomegaly?

GU

Neuro

Skin

Jaundice?  Petechiae?  Purpura?  Ecchymosis?

Lymphadenopathy

Cervical  Axillary  Inguinal

Other

Name of Medical Doctor

Name of Data Enterer

# Viral Causes of Severe Febrile Inness: OPHTHALMOLOGIC EXAM

ID

Visual Acuity-OS

Visual Acuity-OD

Anterior Chamber-OS

Anterior Chamber-OD

Anterior Uveitis-OS?

Anterior Uveitis-OD?

Posterior Chamber-OS

Posterior Chamber-OD

Vitreous reaction-OS?

Vitreous reaction-OD?

Retina-OS

Retina-OD

Retinitis-OS?  Macular-OS   
Paramacular-OS

Retinitis-OD?  Macular-OD   
Paramacular-OD

Retinal Hemorrhage-OS?

Retinal Hemorrhage-OD?

Zone-OS

Zone-OD

Area-OS

Area-OD

Optic disc edema-OS?

Optic disc edema-OD?

Retinal vasculitis-OS?

Retinal vasculitis-OD?

RVF Related Disease-OS?

RVF Related Disease-OD?

Comments

Ophthalmologist Name

Data Enterer Name

Principal Investigator: A. Desiree LaBeaud