

Date: ___/___/___

1. Case ID No.:

2. _____
Village GPS Coordinates Region

Demographics

3. Name of Participant: _____ 4. Date of Birth: ___/___/___ Age: _____ years

5. Sex: Female Male

6. Residence Wall Type: Mud Block Other _____ Roof: Aluminum Straw Other _____
Do you have: Indoor plumbing? Yes No Electricity? Yes No

7. Number of persons living in your house: _____

8. Where is food stored? Separate building Kitchen Room in house Other _____

9. Occupation: Business Farmer (Circle all applicable: Rice Maize Livestock other _____)
 Other (List) _____

10. Does your family own any of the following?

<input type="checkbox"/> None	<input type="checkbox"/> Swine	<input type="checkbox"/> Pigeons	<input type="checkbox"/> Dogs
<input type="checkbox"/> Sheep	<input type="checkbox"/> Donkeys	<input type="checkbox"/> Ducks	<input type="checkbox"/> Bats
<input type="checkbox"/> Goats	<input type="checkbox"/> Horses	<input type="checkbox"/> Other Birds	<input type="checkbox"/> Grasscutters
<input type="checkbox"/> Cattle	<input type="checkbox"/> Chickens	<input type="checkbox"/> Cats	<input type="checkbox"/> Rabbits

11. Do you drink fresh milk? Yes No If yes, what type? Cow Goat

12. Have you been around animals giving birth (live or dead)? Yes No

13. Have you seen rodents around your house? Most days Sometimes Never

14. Have you been bitten by a tick before? Yes No

Health

15. How many times have you had malaria or fever this year? _____

16. Have you ever been admitted to the hospital? Yes No What was diagnosis? _____

17. Do you have any problems with hearing? Yes No

18. Do you sleep under a mosquito net? Yes No

Person Completing Form Name: _____ Initials _____



***If lab specimen is collected, complete the following information and send a copy of this form to the lab with the specimen.**

19. Date of specimen collection: ___/___/___

For the Laboratory Use Only

20. Date specimen received by lab: ___/___/___ 21. Specimen Condition: Adequate Not adequate _____
(Reason)

22. Results: Check (X) below as appropriate:

Disease/ Condition	Type of antibody	Results (+=positive) (-=negative)	Titer (if done)	Type of test (e.g. ELISA)
Lassa	IgG	<input type="checkbox"/> + <input type="checkbox"/> -	_____	
Leptospirosis	IgG	<input type="checkbox"/> + <input type="checkbox"/> -	_____	
Melioidosis	IgG	<input type="checkbox"/> + <input type="checkbox"/> -	_____	
Brucellosis	IgG	<input type="checkbox"/> + <input type="checkbox"/> -	_____	
Q Fever	IgG	<input type="checkbox"/> + <input type="checkbox"/> -	_____	

COMMENTS:

