Form Approved OMB No. 0920-1011 Exp. Date 03/31/2017

**Appendix 1: CCHF Case Investigation Questionnaire** 

## **CCHF Case Investigation Questionnaire**

		N₂	
Name of examiner	Date of filling		
No of history record Hospitalization  Y N Hospital name  Date of hospitalization  //2011		_	
Demographic data  Date of birth Sex  / / / M F  Residence located in: Rayon: Sub-district: Employed yes no  Occupation Kind of activity			_
Risk factors for CCHF (within 2 weeks before de Tick bite  Y N N Date of tick bite://	eveloping a fever)		_
Species contacted:  Slaughtering livestock Y N			
Species contacted:  Butchering/handling raw meat  Y N Type of meat handled(species):			
Nursing for person with bleeding $\square$ Y $\square$ N			
Handling ticks with bare hands $\square$ Y $\square$ N			
Seeking of medical care due to tick bite $\square$ Y $\square$ I Date of seeking of medical care:////	N		
Medical facility:	<del></del>		
Geographic location of tick bite Rayon:	Sub-distric	t:	
Number of ticks removed: Tick ID # Species:			
		/2011 /2011 /2011	

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Vomiting Diarrhea	_ Y	date:/ date:/	/2011 r /2011 r	resolved:/	/2011 /2011		
Hemorrha Hemorrha Rash Loca	gic syndrome gic rash Y ation: Head/fa	Y N N Date of onse ce	t / Body Arms/	_/2011 resolved: Legs	I	011	
Hemorrha Hemorrha	ges/bruising ge Location: l	Y  N Date of Head/face	onset/ Body[	/2011 r Arms/Legs	esolved:	//2011	
Bleeding Y N Date of onset / /2011 resolved: / /2011  Bleeding Location: Gastrointestinal Urogenital Nasal Respiratory							
Daily bod	y temperature (	(maximum value	) and blood c	haracteristics			
Date (dd.mm)	Temperature °C	Thrombocyte count	White blood cell count	Red blood cell count	Hemoglobin	Alanine Transferase (ALT)	Aspartate Transferase (AST)
(Other syn	nptoms/attribute	s):					
Treatment Ribavirin Y N  Date of treatment start://2011  Date of end of treatment://2011r.  Dosage:							
Mode of administration: Oral  Y N Intravenous Y N							
Immune plasma Y N Date of treatment start://2011r. Date of end of treatment://2011r.							

Total volume/units given:					
Date of discharge from the hospital://2011r.					
Diagnosis: Suspect Probable Confirmed Negative					
Outcome survived died unknown					
If patient died, date of death: / /2011  Diagnostic Tests Performed					
Blood collection #1 Date of blood collection/					
CCHF diagnostic testing  Tests Result  IgM ELISA positive Negative Uncertain  IgG ELISA positive Negative Uncertain  Antigen ELISA positive Negative Uncertain  PCR positive Negative Uncertain					
Other relevant test results:					
Blood collection #2 Date of blood collection//					
CCHF diagnostic testing  Tests Result  IgM ELISA positive Negative Uncertain  IgG ELISA positive Negative Uncertain  Antigen ELISA positive Negative Uncertain  PCR positive Negative Uncertain					
Other relevant test results:					
Blood collection #3 Date of blood collection/					
CCHF diagnostic testing  Tests Result  IgM ELISA positive Negative Uncertain  IgG ELISA positive Negative Uncertain  Antigen ELISA positive Negative Uncertain  PCR positive Negative Uncertain  Other relevant test results:					
Tissue Collection  Date of Tissue collection://_  Tissues sampled:Liver					

CCHF diagnostic testing

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Tests Antigen ELISA PCR Other relevant	positive positive test results:	Negative Negative	Uncertain Uncertain	
Fick testing for the Date of test:  Antigen ELISA PCR	CCHF / / positive positive	Negative Negative	Uncertain Uncertain	