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

Appendix 1: CCHF Case Investigation Questionnaire

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CCHF Case Investigation Questionnaire

№ ☐☐☐

Name of examiner _____ Date of filling ___/_____/_____

☐☐☐☐☐ № 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 developing a fever)
Tick bite ☐ Y ☐ N
Date of tick bite: _____/_____/_____

Livestock activity ☐ Y ☐ N
Species contacted:_____

Slaughtering livestock ☐ Y ☐ N
Species contacted:_____

Butchering/handling raw meat ☐ Y ☐ N
Type of meat handled(species):_____

Nursing for person with bleeding ☐ Y ☐ N

Handling ticks with bare hands ☐ Y ☐ N

Seeking of medical care due to tick bite ☐ Y ☐ N
Date of seeking of medical care:_____/_____/_____

Medical facility:_____

Geographic location of tick bite Rayon:_____ Sub-district:_____

Number of ticks removed:____
Tick ID # _____ Species:_____

Clinical data
Date of symptom/illness onset _____/_____/2011 resolved: _____/_____/2011
Fever ☐ Y ☐ N onset date: _____/_____/2011 resolved: _____/_____/2011
Headache ☐ Y ☐ N onset date: _____/_____/2011 resolved: _____/_____/2011
Myalgia/muscle ache ☐ Y ☐ N onset: _____/_____/2011 resolved: _____/_____/2011

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Vomiting ☐ Y ☐ N onset date: _____/_____/2011 resolved: _____/_____/2011
Diarrhea ☐ Y ☐ N onset date: _____/_____/2011 resolved: _____/_____/2011

Hemorrhagic syndrome ☐ Y ☐ N
Hemorrhagic rash ☐ Y ☐ N Date of onset _____/_____/2011 resolved: _____/_____/2011
Rash Location: ☐Head/face ☐Body ☐Arms/Legs

Hemorrhages/bruising ☐ Y ☐ N Date of onset_____/_____/2011 resolved: _____/_____/2011
Hemorrhage Location: ☐Head/face ☐Body ☐Arms/Legs

Bleeding ☐ Y ☐ N Date of onset_____/_____/2011 resolved: _____/_____/2011
Bleeding Location: ☐Gastrointestinal ☐Urogenital ☐Nasal ☐Respiratory

Daily body temperature (maximum value) and blood characteristics

Date (dd.mm)	Temperature °C	Thrombocyte count	White blood cell count	Red blood cell count	Hemoglobin	Alanine Transferase (ALT)	Aspartate Transferase (AST)

(Other symptoms/attributes):_____

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.

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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 ☐Spleen ☐Blood clot ☐Lymph node ☐other:

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Tests	**Result**		
Antigen ELISA	☐ positive	☐ Negative	☐ Uncertain
PCR	☐ positive	☐ Negative	☐ Uncertain

Other relevant test results:_____

Tick testing for CCHF
Date of test: ___/_____/_____

Antigen ELISA	☐ positive	☐ Negative	☐ Uncertain
PCR	☐ positive	☐ Negative	☐ Uncertain