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

Appendix 1: CCHF Case Investigation Questionnaire

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

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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: _____/_____/2011г.
Dosage:
____
____
Mode of administration: Oral ☐ Y ☐ N Intravenous ☐ Y ☐ N

Immune plasma ☐ Y ☐ N
Date of treatment start: _____/_____/2011г.
Date of end of treatment: _____/_____/2011г.

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Total volume/units given: ____

Date of discharge from the hospital: _____/_____/2011г.

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:

CCHF diagnostic testing

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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

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