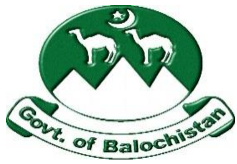

Questionnaire for Suspected CCHF Case

Ref. No/ EPID No.: ______________________ **Date of Interview (dd/mm/yyyy):**__________________

Reporting Health facility/Hospital: ……………………………………………………………………………………..

Demographic Information:

Name	
Father Name	
Sex	Male ☐ Female ☐ Others ☐
Age (in Years)	
Occupation	
Address (Residential)	
District	
CNIC Number	
Phone number of Suspected Case/Relative	
Date of Admission	
Date of Discharge	

Date of onset of symptoms (dd/mm/yyyy):______________________________

Symptoms

Fever	Yes ☐ No ☐	**Nasal Bleeding**	Yes ☐ No ☐
Blood in Vomit	Yes ☐ No ☐	**Vaginal Bleeding**	Yes ☐ No ☐
Blood in Urine	Yes ☐ No ☐	**Other bleeding symptoms**	Yes ☐ No ☐
Headach	Yes ☐ No ☐	**Joint Pain**	Yes ☐ No ☐
Bodyach	Yes ☐ No ☐	**Red Eyes**	Yes ☐ No ☐
Dizziness	Yes ☐ No ☐	**Red Spot**	Yes ☐ No ☐
Unconscious	Yes ☐ No ☐	**Any other symptom**	
Any other bleeding condition or Comorbidity			

Clinical Findings

Temperature	___ ºF	Blood Pressure	________ mm of Hg
Pulse	___ /min	Chest Auscultation: ______________/min	
Purpuric Rash	Yes ☐ No ☐	Petechae Rash	**Yes** ☐ **No** ☐
Platelets count			

Contact History & Risk Factors:

Contact with Animal	Yes ☐ No ☐
Contact with raw animal Product/blood	Yes ☐ No ☐
Contact with CCHF Case blood/vomit	Yes ☐ No ☐
History of Tick bite	Yes ☐ No ☐

Samples taken: Yes ☐ No ☐ **Type of Sample:** __________ **Date of Sampling:** ____________

Date of Shipment to Balochistan PPHRL FJCGH: __________________ **Results:** Positive ☐ Negative: ☐

Reported by:

Name……………………………… Designation……………………..

Address: ………………………………….. District:

Mobile Number…………………………. Email Address: …………………………..

Signature: ……………………………………………………………………………………………………….