Designing an outbreak questionnaire

What is the date of completion of the form?

What is the start time of completion of the form?

What is the ID of the device?

What is the ID of the participant?

What is the date of birth of the participant?

What is the age of the participant?

What is the gender of the participant?

What is the occupation of the participant?

Where does the participant live?

How many people live in the same house as the participant?

What are the ages, genders and occupations of the people in the house?

When did the participant develop symptoms?

Did the participant seek healthcare advice for their symptoms? If so, when was this?

Which symptoms did the participant have?

      Fever

      Vomiting

      Diarrhoea

      Headache

      Fatigue

      Muscle pain

      Joint pain

      Other (specify)

Take a photo of the participant's drinking water source

Has the participant had contact with a sick animal within the last week? If so, what was the animal and the type of contact?

What is the end time of the completion of the form?

Who was the form completed by (initials)?