EBOLA CASE INVESTIGATION FORM – Sierra Leone

Date of Case Report: [ ]/[ ]/[ ]
Outbreak Case ID: KAI0507234

- ☐ Patient is a followed contact: Convert to CASE in VHF
- ☐ Complete at end of interview: ☐ suspect ☐ probable ☐ unk

<table>
<thead>
<tr>
<th>Patient’s Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- Age: _____ Unit: ☐ Years ☐ Months
- Gender: ☐ Male ☐ Female
- Patient Status at Time of This Report: ☐ Alive ☐ Dead
  - If dead, Date of Death:

<table>
<thead>
<tr>
<th>Permanent Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household:</td>
</tr>
<tr>
<td>Village/Town:</td>
</tr>
<tr>
<td>District:</td>
</tr>
<tr>
<td>Chiefdom:</td>
</tr>
<tr>
<td>Mobile phone #:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Patient’s Occupation:</th>
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</thead>
<tbody>
<tr>
<td>☐ Healthcare worker (includes anyone involved with the patient: nurse, ambulance driver, hospital cleaner, etc.)</td>
</tr>
<tr>
<td>Position: ☐ Healthcare facility:</td>
</tr>
<tr>
<td>☐ Other; please specify occupation:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Where Patient Became Ill:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village/Town:</td>
</tr>
<tr>
<td>District:</td>
</tr>
<tr>
<td>Chiefdom:</td>
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</table>

| Date Patient First Became Sick: [ ]/[ ]/[ ] |

Read each one aloud and mark an answer for every symptom occurred during this illness (not only right now):

- Fever ☐ Yes ☐ No ☐ Unk
- Headache ☐ Yes ☐ No ☐ Unk
- Vomiting/nausea ☐ Yes ☐ No ☐ Unk
- Difficulty breathing ☐ Yes ☐ No ☐ Unk
- Diarrhea ☐ Yes ☐ No ☐ Unk
- Difficulty swallowing ☐ Yes ☐ No ☐ Unk
- Conjunctivitis (red eyes) ☐ Yes ☐ No ☐ Unk
- Skin rash ☐ Yes ☐ No ☐ Unk
- Intense fatigue/weakness ☐ Yes ☐ No ☐ Unk
- Hiccups ☐ Yes ☐ No ☐ Unk
- Anorexia/loss of appetite ☐ Yes ☐ No ☐ Unk
- Unexplained bleeding ☐ Yes ☐ No ☐ Unk
- Abdominal pain ☐ Yes ☐ No ☐ Unk
- If yes, please specify:
- Muscle pain ☐ Yes ☐ No ☐ Unk
- Other symptoms: ☐ Yes ☐ No ☐ Unk
- Joint pain ☐ Yes ☐ No ☐ Unk
- If yes, please specify:

At the time of this report, is the patient hospitalized or being admitted to the hospital? ☐ Yes ☐ No ☐ Unk

- If yes, Date of Hospital Admission [ ]/[ ]/[ ]
- Hospital Name: ____________________________
- District: ____________________________
- Is the patient now, or will he/she soon be, in an Ebola treatment unit? ☐ Yes ☐ No ☐ Unk
- If yes, date of admission (or future admission to the ETU (isolation): [ ]/[ ]/[ ]
- Was the patient hospitalized or visited a clinic previously for this illness (this includes any type of care: pharmacist, traditional healer, etc.)? ☐ Yes ☐ No ☐ Unk
- If yes, Dates of Hospitalization: [ ]/[ ]/[ ]
- Hospital Name: ____________________________
- District: ____________________________
IN THE PAST ONE (1) MONTH PRIOR TO SYMPTOM ONSET:

1. Did the patient have contact with a suspected or confirmed Ebola case in the one month before becoming ill?
   □ Yes  □ No  □ Unk

   If yes, please complete one line of information for each sick source case:

<table>
<thead>
<tr>
<th>Name of Source Case</th>
<th>Relation to Patient</th>
<th>Date of Last Contact [DD, MM, YYYY]</th>
<th>Village/Town</th>
<th>District</th>
<th>Was the person dead or alive?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>□ Alive</td>
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<td>□ Dead</td>
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2. Did the patient attend a funeral in the one month before becoming ill?  □ Yes  □ No  □ Unk

   If yes, Name of deceased person  Relation to Patient  Date of Funeral [DD, MM, YYYY]  Village/Town  District  Did the patient participate? (carry or touch the body)?
   □ Yes  □ No

3. Did the patient travel outside their hometown or village/town before becoming ill?  □ Yes  □ No  □ Unk

   If yes, Village:  Chiefdom:  District:

Case Report Form Completed by:
Name:  Phone:  E-mail:
Position:  District:  Health Facility:
Information provided by:
□ Patient  □ Proxy  If proxy, Name:  Relation to patient:

Patient Outcome Information:
Please fill out this section at the time of patient recovery and discharge from the hospital OR patient death.

Date Outcome Information Completed: [DD/MM/YYYY]
Final Status of the Patient: □ Alive/Recovered □ Dead

If the patient has recovered and been discharged from the hospital:
Hospital discharged from:  District:
Date of discharge from the hospital: [DD/MM/YYYY]

If the patient is dead:
Date of Death: [DD/MM/YYYY]
Place of Death: □ Community □ Hospital □ District:
Date of Funeral/Burial: [DD/MM/YYYY]
Funeral conducted by: □ Family/community □ Outbreak burial team
Place of Funeral/Burial: Village:  Chiefdom:  District:
**EBOLA Clinical Specimens and Laboratory Testing**

### Sample 2

Date of Specimen Collection:  

<table>
<thead>
<tr>
<th>Patient’s Last Name:</th>
<th>First Name:</th>
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Age:  
Unit:  
☐ Years  
☐ Months  

Has this patient had a sample submitted previously?  
☐ Yes  
☐ No  
☐ Unk  

Sample Type:  
☐ Whole blood  
☐ Skin biopsy  
☐ Post-mortem heart blood  
☐ Other specimen type, specify: 

Specimen/shipping instructions:  
• Label sample with **patient name, date of collection, and case ID**  
• Collect sample cold with a **cold/ice pack, and packaged appropriately**  
• Collect whole blood in a purple top (EDTA) tube green or red top tubes  
acceptable if purple not available  
• **Preferred** sample volume = 4ml (minimum sample volume = 2ml)

### Sample 1

Date of Specimen Collection:  

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Age:  
Unit:  
☐ Years  
☐ Months  

Has this patient had a sample submitted previously?  
☐ Yes  
☐ No  
☐ Unk  

Sample Type:  
☐ Whole blood  
☐ Skin biopsy  
☐ Post-mortem heart blood  
☐ Other specimen type, specify: 

Specimen/shipping instructions:  
• Label sample with **patient name, date of collection, and case ID**  
• Send sample cold with a **cold/ice pack, and packaged appropriately**  
• Collect whole blood in a purple top (EDTA) tube green or red top tubes  
acceptable if purple not available  
• **Preferred** sample volume = 4ml (minimum sample volume = 2ml)