NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

CHOLERA CASE INVESTIGATION FORM

Please complete and submit with Notifiable Medical Conditions (NMC) form and laboratory results to Provincial Communicable Diseases Control Officer and to National Institute for Communicable Diseases (NICD): ced@nicd.ac.za and outbreak@nicd.ac.za

SECTION A: INTERVIEW DETAILS			
Interviewer name		Date of interview	DD / MM /20YY
District			
Telephonic reporting by			
Presenting Health Care Facility			
GPS co-ordinates of place of interview			☐Unknown

SECTION B: DEMOGRAPHIC DATA				
Patient name			Date of birth	DD / MM / YYYY
Gender		☐Male ☐Female	Contact number	
Age (in years)			Additional contact number	
Home address:	Street		Do you reside at the address given?	☐Yes ☐No
	Suburb		If no, where do you normally live?	
	Town			
	Province			
	Postal code			
GPS co-ordinates of home (address provided directly above)				☐Unknown
GPS co-ordinates of where you normally live (if not the same as home)				☐Unknown
If an adult - do you work/study		☐Yes ☐No	What is your occupation?	
Details of workplace / place of study	Name			
	Physical address			
If a child, does the child attend day care/crèche/school?			☐Yes ☐No	
If yes, give day care/crèche/school name:				
Telephone number:				
Address:				
Who was interviewed?			☐The Case ☐Other	
If “other”, specify	Name			
	Relation to case			
	Contact Tel. No.			

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SECTION C: DETAILS ABOUT ILLNESS

Date of onset of diarrhoea	DD / MM / YYYY		
Last day on which diarrhoea occurred	DD / MM / YYYY	Is diarrhoea still present?	☐Yes ☐No
Which of the following symptoms is/ were present during the illness?	☐Watery diarrhoea ☐Vomiting ☐Abdominal cramps ☐Other – *specify other* ___		
Were stool specimens collected?	☐Yes ☐No ☐Unknown		
If yes: Laboratory name			
If yes: Specimen reference no.			
Were you admitted to hospital?	☐Yes ☐No		
If yes: Name of Hospital			
If yes: Date admitted:	DD / MM / YYYY	Number of days in hospital?	
Nature of diagnosis	☐Clinical only ☐Laboratory confirmed (*V.cholerae* isolated from stool/rectal swab)		
Has the case been notified?	☐Yes ☐No	If yes, case notification number:	

SECTION D: EXPOSURE HISTORY

Did you travel anywhere in the last 10 days?	☐Yes ☐No ☐Don't know	
If Yes: Travel Destination	**Departure date**	**Return date**
	DD / MM / YYYY	DD / MM / YYYY
	DD / MM / YYYY	DD / MM / YYYY

Did you have contact with anyone who had travelled outside your province of residence in the 10 days before your diarrhoea started?	☐Yes ☐No ☐Don't know		
If Yes: Who? Where did they travel to? (*Destination*)	**Departure date**	**Return date**	**Date of contact**
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Did you have any visitors from outside your province of residence in the 10 days before your diarrhoea started?	☐Yes ☐No ☐Don't know		
If Yes: Who? Where did they come from?	**Departure date**	**Return date**	**Date of contact**
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

Were you in contact with anyone who had diarrhoea in the 10 days before your diarrhoea started?		☐Yes ☐No ☐Don't know	
If yes, specify	Name	Relation	Date(s) of contact
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
Did you attend any gatherings or events (wedding receptions, festivals, funerals, church gatherings, choir gathers, baptisms, etc.) in the 10 days before your diarrhoea started?			☐Yes ☐No ☐Don't know

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If yes, specify	Event	Location/venue	Date
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY

AT HOME, indicate which water is used for which use (tick all applicable)				
Type of water	**Drinking**	**Preparing food**	**Bathing**	**Brushing teeth**
Municipal tap water indoors	☐	☐	☐	☐
Municipal tap water outdoors but on your property	☐	☐	☐	☐
Municipal common source water	☐	☐	☐	☐
Private well/borehole water	☐	☐	☐	☐
Untreated surface water (river, pond, dam)	☐	☐	☐	☐
AT WORK / SCHOOL / DAY-CARE, indicate which water is used for which use (tick all applicable)				
Type of water	**Drinking**	**Preparing food**	**Bathing**	**Brushing teeth**
Municipal tap water indoors	☐	☐	☐	☐
Municipal tap water outdoors but on your property	☐	☐	☐	☐
Municipal common source water	☐	☐	☐	☐
Private well/borehole water	☐	☐	☐	☐
Untreated surface water (river, pond, dam)	☐	☐	☐	☐
In what type of containers do you store your water (not refrigerated water)? (Please mark all applicable)	☐Plastic containers without lids ☐Plastic containers with lids ☐Metal containers without lids ☐Metal containers with lids			
What do you use to scoop water from the container?				

Where did you shop for fresh fruit or vegetables in the last 10 days? (Please complete the table below)	
Store name / Vendor	Location
Where did you buy your milk in the last 10 days? (Please complete the table below)	
Store name / Vendor	Location
Did you eat or drink any unpasteurised dairy/milk products in the 10 days prior to your illness onset?	☐Yes ☐No ☐Don't know
If yes, then where?	

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In the 10 days before your illness onset, did you eat food/beverages at or from any of the following types of places outside of your home? Tick which of them apply and provide details

Type of establishment	Name and location	Date	Foods/beverages consumed
☐ Restaurant		DD / MM / YYYY	
☐ Fast food establishments		DD / MM / YYYY	
☐ Work canteen		DD / MM / YYYY	
☐ Deli		DD / MM / YYYY	
☐ Supermarket ready-to-eat food		DD / MM / YYYY	
☐ Street vendor foods		DD / MM / YYYY	
☐ Snack-bar or tuck shop		DD / MM / YYYY	
☐ Petrol station		DD / MM / YYYY	
☐ Another household		DD / MM / YYYY	

Who prepares food in your household?	
What water do you use to wash fruit and vegetables?	
AT HOME	**AT WORK**
a) Which forms of toilet do you make use of?	a) Which forms of toilet do you make use of?
☐Indoor flushing toilet ☐Flushing toilet on stand but outside house ☐Pit Latrine ☐Other ______________________________	☐Indoor flushing toilet ☐Flushing toilet on stand but outside house ☐Pit Latrine ☐Other ______________________________
b) Which of the following are available at the toilet?	b) Which of the following are available at the toilet?
☐Tap with running water ☐Soap	☐Tap with running water ☐Soap
Have you or any member of your household used the stream for any activities in the 10 days prior to your diarrhoea started?	☐ Yes ☐ No ☐Don't know
If yes, what activities?	

SECTION E: GENERAL EHP ASSESSMENT

General hygiene conditions in the home? **(Remember to check where and how food and water is stored and for how long?)**

Food and water storage assessment?
Overcrowded conditions?
Refuse removal?
Pest problems at home?
Any other comments:
YOU HAVE REACHED THE END. THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.