CITY OF HARARE HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
CHOLERA INVESTIGATION FORM

FACE SHEET

1. Unique ID: …….. 2. Date of Investigation:……/……/……

3. Investigating Officer:……

4. City/Town: …… 5. Suburb: …… 6. Section #: ……

7. Last Name:……. 8. First Name:……

9. Age ☐ years (<1 for infants or children under 1 year) 9b. Date of Birth (dd/mm/yyyy) :……/……/……

10. Sex: Male ☐ Female ☐ 11. Contact Number(s)…….

12. Address……

13. GPS Coordinates……

14. Outcome: ☐ Discharged ☐ Died ☐ Still at facility ☐ Don't know

14b.If died, date of death: ……/……/…… 14c.Community Death ☐ Facility Death ☐

DEMOGRAPHICS

15. Employment: ☐ Agriculture ☐ Teacher ☐ Vendor ☐ Food Service ☐ Manual Labor ☐ Healthcare

☐ Technical/Managerial ☐ Student ☐ Unemployed ☐ Other ……..

15b. School if student or teacher: …… 15c.Workplace: ……

16. Number of people in household? ☐

17. Religion: ☐Traditional ☐ Christian (specify) …… ☐ Moslem ☐ Other (specify) ……

18. Education Level: ☐ No Education ☐ Primary ☐ Secondary ☐ Tertiary

* If <18 yo, please list mother's education level.

TREATMENT AND EXPOSURES

19. Date of symptom onset:……/……/……

20. Did the patient receive treatment at home? Yes☐ No☐

20b. If yes, what type of treatment was received?

☐ Homemade fluids ☐ ORS/SSS ☐ Antibiotics (specify)…….……. ☐ Other (specify):……..……

21. How long after the patient became ill did he/she seek treatment?

☐ Within 12 hours ☐ 13-24 hours ☐ 25-36 hours ☐ >36 hours

21b. Date patient visited CTC/CTU:……/……/……

22. Did the patient visit a gathering (funeral, religious or any other) in the 5 days before symptom onset? Yes☐ No☐

If yes:

22b. Date: ……/……/…… 22c. Location:.....

23. Did the patient travel in the 5 days before symptom onset? Yes☐ No☐

If yes:

23b. Date started travel: ……/……/…… 23c. Date returned from travel: ……/……/……

23c. Location: .....

24. Did the patient eat at a food stall, restaurant or take-away in the 5 days before symptom onset? Yes☐ No☐

If yes:

24b. Date: ……/……/…… 24c. Location:.....

WASH

25. What was their main source of DRINKING water during the 5 days prior to becoming ill?

☐ Municipal tap ☐ Borehole ☐ Protected well ☐ Unprotected well ☐ Don't know ☐ Other, specify…….

25b. Location of borehole or well: .....

25c. GPS Coordinates: .....

26. Did they collect DRINKING water from any other sources during the 5 days prior to becoming ill? (check all that apply)

☐ No other sources ☐ Municipal tap ☐ Borehole ☐ Protected well ☐ Unprotected well
☐ Don't know ☐ Other, specify……

27. What source of water do you use for non-drinking/household purposes? (check all that apply)

☐ No other sources ☐ Municipal tap ☐ Borehole ☐ Protected well ☐ Unprotected well
☐ Don't know ☐ Other, specify……

28. What type of containers do they use to collect water?

☐ Narrow Mouth ☐ Wide Mouth ☐ Other, specify……..…….

29. What type of container do they use to store water? Observe if possible.

☐ Narrow Mouth ☐ Wide Mouth ☐ Other, specify……..…….…….

29b. If wide mouth, specify: ☐ Tap ☐ Lid/Covered ☐ No lid, No Tap

30. Does the patient do anything to make their drinking water safe? Yes☐ No☐

30b. If yes, specify: ☐ Boiling ☐ Chlorination ☐ Filtration ☐ Others (specify):……

31. Observe availability of a household chlorination chemical e.g. aquatabs, jik, etc. Yes☐ No☐

31b. If yes, observe type:

☐ Aquatabs ☐ WaterGuard ☐ Watermaker ☐ Jik ☐Other, specify……

32. Is there availability of municipal tap water at the household during visit? Yes☐ No☐

32b. If yes, free chlorine residual: …...…….. mg/L ☐ Not tested

33. Other than municipal tap is there an alternative drinking water sources at the household? Yes☐ No☐

33b. Is this water chlorinated? ☐Yes, chlorinated at borehole ☐ Yes, chlorinated at household ☐ No ☐ Don't Know
*self-report

33c. If yes or don't know, free chlorine residual: …...…….. mg/L ☐ Not tested

34. Does the patient have a toilet in their home? Yes☐ No☐

34b. If yes, what type of toilet? ☐ Flush ☐Pour Flush ☐ Latrine ☐ Other (specify):……..

34c. Do you share toilet facilities with other households? Yes☐ No☐

34d. If yes, including your own household, how many households use this facility? ☐

35. Observe whether the toilet/latrine is: ☐Smelly ☐ Not Smelly ☐No Observation

35b. Observe the floor of the toilet/latrine, is it:

☐ Abundant fecal matter/used anal cleansing material on floor to the extent that entering facility without stepping on feces is difficult.

☐ Limited amount of fecal matter or used anal cleansing material on floor.

☐ Presence of sewage

☐ No fecal matter or used anal cleansing material on floor

☐ No Observation

36. Does the household have a facility for hand washing? Yes☐ No☐

If yes, observe handwashing facility:

36b. Is the station fixed or mobile? ☐ Fixed station ☐ Mobile station ☐ Not observed

36c. Is water available? Yes☐ No☐

36d. Is there soap or other cleansing agent? ☐ Soap ☐ Ash ☐ Nothing

CONTACTS

37. How many other people that you have had contact with have had watery diarrhea?

*Contacts are persons you shared food with, bathed, changed their diaper, participated in the same funeral, shared utensils or have close ongoing contact with during the 5 days prior to symptom onset)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ >3 ☐ Don't know

Name	Age	Sex	Same Household as Case	Signs and Symptoms	Outcome
1.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
2.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
3.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
4.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
5.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
6.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
7.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home
8.			☐ Yes ☐ No	☐ Max Diarrhea # in 24 hrs _____ ☐ Vomiting	☐ CTC ☐ Referred to CTC ☐ Died ☐ Treated at home

INTERVENTIONS

38. Sprayed household floors/walls: Yes ☐ No ☐ Not needed☐ 39b.Sprayed latrine: Yes ☐ No ☐ Not needed ☐

39. Discussed disinfection of bedding and clothing: Yes ☐ No ☐ Not needed☐

40. Provided Watergaurd: Yes ☐ No ☐ Not available ☐ 40b. Provided Aquatabs: Yes ☐ No ☐ Not available ☐

40c. Provided Jik: Yes ☐ No ☐ Not available ☐

41. Provided hygiene promotion materials: Yes ☐ No ☐ Not available ☐

42. Provided hand hygiene education : Yes ☐ No ☐

43. Visited neighbors to provide interventions : Yes ☐ No ☐ 44b. If so, How many? ☐

44.INTERVIEWER COMMENTS: