

Typhoid Surveillance Questionnaire

* Reserved for medical personnel only

- Patient code: Sexe:
..... Age:
- Address: Telephone number:
- Remarks:

1. Patient details

- Name: Surname: Sexe:
.....
- Date of birth: Place of birth: Age:
.....
- Telephone number: Second number (if available)
- Permanent address: Current address:
.....
- Country of birth: Region of origin:
.....
- Ethnic group

2. Illness details

- ☐ Salmonella typhi ☐ Paratyphi A ☐ Paratyphi B ☐ Paratyphi C
- Date of appearance of first symptoms
* Clinical Symptoms
☐ Fever ☐ Headache ☐ Cough ☐ Rigors
☐ Diarrhoea ☐ Constipation ☐ Abdominal pain ☐ Vomiting
☐ Rash ☐ Asymptomatic ☐ Other, please state
- Have you ever been admitted in the hospital due to typhoid fever ? ☐ Yes ☐ No
 If Yes, how many times have you been admitted?
- For how long were you last admitted ?

- Date of admission Date of discharge
- Stool/blood samples submitted,? ☐ Yes ☐ No
- Antibiotic treatment given? ☐ Yes ☐ No
- List the antibiotic treatment administered

3. Initial Food History

In the last 28 days, did you:

- Eat any food bought from hawkers on the streets? ☐ Yes ☐ No
 if YES, please specify the type of food and place bought
- Attend parties, receptions or ate in a restaurant? ☐ Yes ☐ No
- Attend any other gathering and consumed food? ☐ Yes ☐ No
- Consumed water from an unsafe source? ☐ Yes ☐ No

4. Other information

- What is your main source of drinking water?

.....
- Do you live in an environment with proper sewage drainage systems?

☐ Yes

☐ No

- Have you travelled in the last 28 days?

☐ Yes

☐ No

if Yes, where to?

- Any other information