MboaLab- Typhoid diagnostics

Data collection tool to be used by local health care professionals affiliated with MboaLab to having access to patients data records.

*Required

1. Patient's consent received by medical practitioner to use medical records for diagnostics and research purposes. *

   Mark only one oval.

   - ◯ Agree *Skip to question 2*
   - ◯ Disagree

Patient's Background Information

2. Full name *

   _____

3. Date of Birth *

   _____

   Example: 7 January 2019

4. Gender *

   Mark only one oval.

   - ◯ Male
   - ◯ Female
   - ◯ Prefer not to say
   - ◯ Other

5. Correspondent's Identification Number *

6. Residential Address *

7. Residential Area *

Mark only one oval.

- Urban
- Rural

8. Region (Area) *

9. Country *

10. Contact number *

11. Employment Status *

Mark only one oval.

- Employed
- Unemployed
- Self-employed

Patient's Medical History

12. Is the patient receiving treatment or diagnosed for the following conditions? *

Mark only one oval per row.

	Yes	No
Malaria		
Tubercolosis		
Epilepsy		
Chronic Liver disorder		
Muscular disorder		
Multiple Sclerosis (MS)		
Blood Cancer		
Immunodeficiency disorder		
Other		

13. If other specify

14. Does patient suffer from allergies (specify) ?

Patient Diagnosis

15. Drinking water source *

Tick all that apply.

- [ ] Well
- [ ] Ponds / Natural Springs
- [ ] Boreholes
- [ ] River/Stream
- [ ] Tap water
- [ ] Other

16. If other water sources are used please state

17. Has patient had contact with a person with typhoid *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

18. Has the patient experienced any symptoms? *

Mark only one oval per row.

	Sever	Strong	Mild	No signs
Abdomen/Muscle pains				
Constipation				
Diarrhoea				
Nausea/Vomiting				
Fatigue				
Fever				
Chills				
Loss of appetite				
Malaise/Discomfort				
Headache				
Muscle Weakness				
Rash				
Weight Loss				

19. Other symptoms (state severity)

Medical practitioner Information

20. Practitioner's Full Name *

21. Practitioner's Identification Number *

22. Practitioner's Email Address *

23. Date of Form Completion *

Example: 7 January 2019