# Typhoid Symptoms and Severity of the Symptoms Indication Questionnaire

This questionnaire is divided into four sections. The first section gathers general information on the patient. The second section examines any measures that have been taken to prevent typhoid before showing any symptoms so that it could help rule out if the patient is exhibiting Typhoid symptoms or not. The third section examines the risk factors or causal factors of typhoid. The fourth section examines typhoid symptoms according to its severity as classified by its four clinical stages.

**Note**: This questionnaire has not been checked for content/construct validity and reliability, and pilot testing has not been conducted. The questions are written based on general data/information found online. Please rate the relevance of the questions on a scale of 1 - 3 (1: not relevant, 2: somewhat relevant, and 3: relevant)

## Section I: General Information about the patient

This section of the questionnaire collects basic information about the patient.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Patient No. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender: Female 🞎 Male 🞎 other\_\_\_\_\_ | | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Weight: \_\_\_\_\_\_\_\_\_\_\_ | | | Temperature: \_\_\_\_\_\_\_\_\_ |
| Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Disability Status (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Have the patient ever been diagnosed with typhoid before: Yes 🞎 No 🞎 | | | | | |
| Have the patient went to see a doctor before coming here: Yes 🞎 No 🞎 | | | | | |
| Have the patient received any education on typhoid and how its spread: Yes 🞎 No 🞎 | | | | | |

## Section II: Treatment used to Prevent Typhoid

This section examines if the patient has taken any vaccine to prevent typhoid in the last 2 to 4 years depending on the vaccine. If the statement written below is true, tick on yes if not, tick on no.

|  |  |  |
| --- | --- | --- |
| Statements | Alternatives | |
| Yes | No |
| If the patient is over six years old, Have the patient taken Typhoid Vaccine Live Oral Ty21a (Typhoid Pill) within the last four years? | 🞎 | 🞎 |
| If yes,  When \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interval of the typhoid pill taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If the patient is over two years old, Has the patient taken Typhoid Vaccine (Injectable) within the last two years? | 🞎 | 🞎 |
| If yes, When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Section III: RISK AND CAUSAL FACTORS

This section examines any risk and causal factors the patient might have been exposed to before this visit. This section has been further categorized as risk and casual factors that might arise from consuming unclean liquids, consuming unclean food, lack of hygiene, and exposure through location and contact.

|  |  |  |  |
| --- | --- | --- | --- |
| Statements | Alternatives | | |
| Yes | No | Unsure |
| **Part A: Consumption of Unclean liquids**  This section examines any consumption of unclean liquids and anything made from contaminated water that is not boiled. | | | |
| Did you drink tap water? | 🞎 | 🞎 | 🞎 |
| Did you consume ice cubes or popsicles made from tap water? | 🞎 | 🞎 | 🞎 |
| Do you boil water that came from non-bottled water before consuming it? | 🞎 | 🞎 | 🞎 |
| Did you consume any drinks made from non-bottled water or unboiled water? | 🞎 | 🞎 | 🞎 |
| **Part B: Consumption of Unclean Food**  This section examines if the patient has consumed any unclean food | | | |
| Did you eat raw food that is unpeeled? | 🞎 | 🞎 | 🞎 |
| Did you eat food from street vendors? | 🞎 | 🞎 | 🞎 |
| Did you eat raw or rare meat or fish or any seafood without being cooked? | 🞎 | 🞎 | 🞎 |
| Did you eat bushmeat? | 🞎 | 🞎 | 🞎 |
| Did you eat food washed with tap water? | 🞎 | 🞎 | 🞎 |
| Did you eat uncooked salads or fresh food? | 🞎 | 🞎 | 🞎 |
| **Part C: Hygiene**  This section examines any risk factors that might arise from a lack of hygiene. | | | |
| Do you wash your hands after using the toilet? | 🞎 | 🞎 | 🞎 |
| Do you use hand sanitizers after using the toilet when water is not available? | 🞎 | 🞎 | 🞎 |
| Do you use public washing rooms or toilets often? | 🞎 | 🞎 | 🞎 |
| Do you touch your face without washing your hands? | 🞎 | 🞎 | 🞎 |
| Do you wash your hands with clean water (boiled water or uncontaminated water)? | 🞎 | 🞎 | 🞎 |
| Do you wash your face with clean water (boiled water or uncontaminated water)? | 🞎 | 🞎 | 🞎 |
| Do you shower with clean water (boiled water or uncontaminated water)? | 🞎 | 🞎 | 🞎 |
| **Part D: Location and Contact**  This section examines if the patient lives in a place where there are high cases or has traveled to any place with a high-risk factor or has come in to contact with a diagnosed patient | | | |
| Have you traveled to any country or place where typhoid cases are high? If yes, where? If unsure, state the place or country? | 🞎 | 🞎 | 🞎 |
| Do you live in a place or a country where typhoid cases are high? If yes, where? If unsure, state the place or country? | 🞎 | 🞎 | 🞎 |
| Did you come into close contact with someone who has traveled to a place or a country where typhoid cases are high? If yes, where? If unsure, state the place or country? | 🞎 | 🞎 | 🞎 |
| Did you come into close contact with someone who has lived in a place or a country where typhoid cases are high? If yes, where? If unsure, state the place or country? | 🞎 | 🞎 | 🞎 |
| Did you come into close contact with someone who has typhoid? | 🞎 | 🞎 | 🞎 |
| Do you use the same toilet with someone who has typhoid? | 🞎 | 🞎 | 🞎 |
| Did you eat food made by someone who has typhoid? | 🞎 | 🞎 | 🞎 |
| Did you use unwashed feeding materials used by someone who has typhoid? | 🞎 | 🞎 | 🞎 |
| Do you properly wash materials used by someone who has typhoid? | 🞎 | 🞎 | 🞎 |

## SECTION IV: Clinical stages of the Symptoms of Typhoid

This section examines the existence of symptoms and the severity of the symptoms through the four clinical stages of typhoid. Advanced stages indicate higher severity.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage 1 Symptoms**: Tick yes if the patient has exhibited the following symptoms, no if the patient has not exhibited those symptoms and unsure if the patient do not know for sure or the lab test does not conclude so | | | | | | | | | |
| **Symptoms** | **Alternatives** | | | | | | | | |
| **Yes** | **No** | | | | **Unsure** | | | |
| A gradual rise in temperature | 🞎 | 🞎 | | | | 🞎 | | | |
| Dry cough | 🞎 | 🞎 | | | | 🞎 | | | |
| Malaise | 🞎 | 🞎 | | | | 🞎 | | | |
| Headache | 🞎 | 🞎 | | | | 🞎 | | | |
| Abdominal pain | 🞎 | 🞎 | | | | 🞎 | | | |
| Myalgia | 🞎 | 🞎 | | | | 🞎 | | | |
| Relative bradycardia | 🞎 | 🞎 | | | | 🞎 | | | |
| **Stage 2 Symptoms**: Tick yes if the patient has exhibited the following symptoms, no if the patient has not exhibited those symptoms and unsure if the patient do not know for sure or the lab test does not conclude so | | | | | | | | | |
| high temperature (between 39 and 40 degrees C) | 🞎 | | 🞎 | | | | 🞎 | | |
| Diarrhea | 🞎 | | 🞎 | | | | 🞎 | | |
| Constipation | 🞎 | | 🞎 | | | | 🞎 | | |
| Delirium | 🞎 | | 🞎 | | | | 🞎 | | |
| Mild rash consisting of flat rose spots | 🞎 | | 🞎 | | | | 🞎 | | |
| Elevated liver enzymes (If laboratory test has been done) | 🞎 | | 🞎 | | | | 🞎 | | |
| Leukopenia (If laboratory test has been done) | 🞎 | | 🞎 | | | | 🞎 | | |
| Thrombocytopenia (If laboratory test has been done) | 🞎 | | 🞎 | | | | 🞎 | | |
| Anemia (If laboratory test has been done) | 🞎 | | 🞎 | | | | 🞎 | | |
| Hepatosplenomegaly | 🞎 | | 🞎 | | | | 🞎 | | |
| **Stage 3 Symptoms**: Tick yes if the patient has exhibited the following symptoms, no if the patient has not exhibited those symptoms and unsure if the patient do not know for sure or the lab test does not conclude so | | | | | | | | | |
| Weight loss | 🞎 | | | 🞎 | | | | 🞎 | |
| Weak pulse | 🞎 | | | 🞎 | | | | 🞎 | |
| Raised respiratory rate | 🞎 | | | 🞎 | | | | 🞎 | |
| Diarrhea | 🞎 | | | 🞎 | | | | 🞎 | |
| Intestinal hemorrhage | 🞎 | | | 🞎 | | | | 🞎 | |
| Encephalitis | 🞎 | | | 🞎 | | | | 🞎 | |
| Dehydration | 🞎 | | | 🞎 | | | | 🞎 | |
| Increased delirium | 🞎 | | | 🞎 | | | | 🞎 | |
| Meningitis | 🞎 | | | 🞎 | | | | 🞎 | |
| Osteitis | 🞎 | | | 🞎 | | | | 🞎 | |
| Endocarditis | 🞎 | | | 🞎 | | | | 🞎 | |
| Pericarditis | 🞎 | | | 🞎 | | | | 🞎 | |
| Cholecystitis | 🞎 | | | 🞎 | | | | 🞎 | |
| **Stage 4 Symptoms**: Tick yes if the patient has exhibited the following symptoms, no if the patient has not exhibited those symptoms, and unsure if the patient does not know for sure or the lab test does not conclude so. In this stage, the already existing symptoms will be exhibited but will be life-threatening | | | | | | | | | |
| Extremely high fever | 🞎 | | | | 🞎 | | | | 🞎 |
| Sever health complications | 🞎 | | | | 🞎 | | | | 🞎 |
| State if any other symptoms are present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

If there is any additional information, please state below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the practitioner: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_