APPENDIX: B1

**Case Investigation Form – Adults and Pregnant Women**

**Study name:** Estimating the incidence of adult, maternal, and neonatal deaths from hepatitis E virus (HEV) in Bangladesh

**(M‡elYvibvg t evsjv‡`‡k †ncvUvBwUm-B †iv‡MiKvi‡YmsNwUZcÖvc&&&Íeq¯‹**,**gv I beRvZ‡Kig„Zz¨inviwbY©q|)**

**(*Case definition of acute jaundice: acute jaundice will be defined as having either yellow eyes or skin for less than six months)***

(¯^jc‡gqv`xRwÛmGimsÁvt hw` 6 gv‡mi Kg mgqhver †ivMxi†PvLA\_evPvgovnjy` \_v‡K)

**Eligible patients**: 1) All pregnant women admitted with acute jaundice

2) Patients ≥14 years admitted with acute jaundice

**†hvM¨ †ivMxmg~nt**

1. ¯^jc‡gqv`xRwÛmwb‡qfwZ© mKjMf©eZx
2. ¯^jc‡gqv`xRwÛmwb‡qfwZ© †ivMxhv‡`ieqm 14 ermievZvi †ekx

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Patient Identification and Demographic Information (†ivMx mbv³KiY Z\_¨ m¤úwK©Z)** | | | | | |
|  | Name of surveillance hospital:  (Rwic nvmcvZv‡ji bvg) | | 1=ShaheedZiaurRahman MCH, Bogra  2=Sher-e-Bangla MCH, Barisal  3=Jahurul Islam MCH, Kishoregonj  4=Chittagong MCH, Chittagong  5=Sylhet MCH, Sylhet  6=Sir Salimullah MCH, Dhaka | | | |
|  | Patient identification number (PID)/Study ID:  (†ivMxiAvBwWbv¤^vi / ÷vwWAvBwW) | |  | | | |
|  | Patient’s Hospital Registration No:  (†ivMxinvmcvZv‡j ‡iwR‡÷ªkb bv¤^i) | |  | | | |
|  | Date of Hospital admission:  (nvmcvZv‡jfwZ©iZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Date of Interview:  (Z\_¨ msMÖ‡niZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Name of patient:  (†ivMxiনাম) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Patient address:  (†ivMxiwVKvbv) | | Village/ Mahalla(MÖvg)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Union/ Ward (BDwbqb)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Upazilla/Municipality (Dc‡Rjv)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District (‡Rjv) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Telephone/mobile number:  (‡dvb/‡gvevBjbv¤^vi) | | Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (cÖavb)  Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (weKí) | | | |
|  | Age of patient (in years):  †ivMxieqm (eQ‡i) | | years(eQi) | | | |
|  | Sex:  (wj½) | | 1=Male (cyiæl)  2=Female (gwnjv)  3=Transgender (wj½) | | | |
|  | Marital status:  (‰eevwnKAe¯’v) | | 1=Married (weevwnZ)  2=Single (AweevwnZ) | | | |
|  | Education:  (wkÿvMZ †hvM¨Zv) | | 1=No schooling (¯‹z‡jhvqwb)  2=Some primary (1-4 K¬vm)  3=Finished primary (cÖvBgvixcvk)  4=Some secondary (6-9 K¬vm)  5=Finished secondary (gva¨wgKcvk)  6= Finished higher secondary (D”P gva¨wgKcvk) | | | |
|  | Occupation:  (†ckv) | | 1= Farmer (কৃষক)  2=Agriculture day labourer (কৃষিকাজেদিনমজুর)  3=Non-agriculture day labourer (দিনমজুরকিন্তুকৃষিকাজেনয়)  4= Mill/factory worker (মিল/ফ্যাক্টরিতেকর্মরত)  5=Skilled labourer (অভিজ্ঞদাই)  6=Boatman (মাঝি)  7=Fisherman (জেলে)  8=Service holder (চাকুরিজীবি)  9=Businessman (e¨eসা)  10= Small trader (ক্ষুদ্রe¨eসা)  11=Garments worker (গার্মেন্টসকর্মী  12= Rickshaw-puller/Van-puller (রিক্সাচালক/ভেনচালক)  13=Beggar (ভিখারী)  14=Home maker (গৃহেরকাজ)  16= Professional (ঠিকাদার)  17= Driver (truck/bus/lorry/tractor/auto rickshaw) (ড্রাইভার)  88=Others (Ab¨vb¨)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Number of members in your household?  Avcbv‡`iLvbvq †gvUKqRbm`m¨ i‡q‡Q? | |  | | | |
|  | What is the approximate monthly expenditure of your household?  Avcbv‡`iLvbvigvwmKe¨q KZ? | | taka | | | |
|  | What is the approximate monthly income of your household?  Avcbv‡`iLvbvigvwmKAvq KZ? | | taka | | | |
| **2.** | **Patient History and Admission Diagnosis (‡ivMxi Amy¯’ZvGesnvmcvZv‡jfwZ©iweeiYm¤úwK©Z)** | | | | | |
|  | Hospital diagnosis on admission:  (হাসপাতালেভর্তিরসময়েনির্ণিতরোগ) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Did you have the following signs/ symptoms during this illness?  (GB Amy¯’Zvimg‡qwK‡ivMxibx‡¤œijÿYmg~nAv‡Q?) | | | | | |
|  | Symptom | Symptom present at any time during illness? | | How many days ago did you first experience symptom? | Is symptom continuing today? | |
|  | Fever (জ্বর) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Yellow skin (Pvgovnjy`) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Yellow eyes (‡PvLnjy`) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Dark color urine (Mvpi‡OicÖ¯ªve) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Nausea (ewgfve) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Vomiting (ewg) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Loss of appetite (ÿyavg›`v) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Abdominal pain (‡cUe¨\_v) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Haematemesis(i³-ewg) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Diarrhoea(Wvqwiqv) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Constipation (‡KvôKvwVb¨) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Melaena(KvjcvqLvbv) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Headache (gv\_ve¨\_v) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Convulsion (wLuPywb) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Unconsciousness (AÁvbnIqv) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Drowsiness (NygNygfve) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Altered mental status  (cwiewZ©ZgvbwmKAe¯’v) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Other-1(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ab¨vb¨-1 (wbw`©ó Kiæb) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Other-2(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ab¨vb¨-2 (wbw`©ó Kiæb) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | How many days has the patient been suffering from the present jaundice?  KZ w`ba‡i †ivMxeZ©gvbRwÛm-G Amy¯’¨? | | Day(s) (w`b)*(777 if Don’t Know)* | | | |
|  | Has the patient had previous episodes of jaundice illness?  †ivMxi c~‡e© RwÛmnIqvi †Kv‡bvBwZnvmAv‡QwK? | | 1=Yes (n¨uv)  0= No (bv) ***→ Skip to section 3***  7=Don’t know (Rvwbbv) | | | |
|  | How many years/months ago did the patient have the last episode of jaundice?  KZ gvm/eQiAv‡M †ivMx me©‡kl RwÛ‡mAvµvšÍn‡qwQ‡jb? | | Month (gvm) Year (eQi) | | | |
|  | Type of jaundice of the patient in last episode?  †ivMxi me©‡kl AvµvšÍRwÛ‡micÖKvi? | | 1=HAV (GBP G wf)  2=HBV (GBP we wf)  3=HCV (GBP wmwf)  4=HEV (GBP B wf)  7=Don’t know (Rvwbbv)  8=Others (Ab¨vb¨) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **3.** | **Physical Examination (kvixwiKcix¶vm¤úwK©Z)** | | | | | |
|  | Temperature  (ZvcgvÎv) | | \_\_\_\_\_\_°F | | | |
|  | Blood pressure  (i³Pvc) | | Systolic (wm‡÷vwjK) :\_\_\_\_\_\_\_\_ mm of Hg  Diastolic (Wvqv‡÷vwjK):\_\_\_\_\_\_\_ mm of Hg | | | |
|  | Pulse (bvox ¯c›`b) | | \_\_\_\_\_/m (wgwb‡U) | | | |
|  | Respiratory rate (k¦vm †bevinvi) | | \_\_\_\_\_/m (wgwb‡U) | | | |
|  | Yellow skin (Pvgovnjy`) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Yellow eyes (†PvLnjy`) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Oedema(†dvjv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Dehydration (cvwbk~b¨Zv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Anaemia(i³k~b¨Zv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Distended abdomen (†cUduvcv/dz‡jwM‡qwQj) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Liver/Mass palpable (†c‡UwK †Kvb k³ PvKvwQj) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Other symptoms (Ab¨vb¨) | | 1=Yes (n¨uv)\_\_\_\_\_\_\_\_\_\_\_\_\_  0=No (bv) | | | |
|  | Diagnosis by surveillance physician:  (Rwic Wv³vi KZ©„K wbwY©Z †ivM) | | 1=Acute viral hepatitis (সাম্প্রতিকfvBivj †ncvUvBwUm)  2=Chronic viral hepatitis (µwbKfvBivj †ncvUvBwUm)  3=Non-viral hepatitis (bb&-fvBivj †ncvUvBwUm)  8=Other (Ab¨vb¨) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. 7 | Did the patient provide a blood sample?  (‡ivMxwK i³ bg~bv w`‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Date of blood sample collection  (i³ bg~bvmsMÖ‡niZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
| **4.** | **Pregnancy related questions (Mf© m¤úwK©ZcÖkœmg~n)** | | | | | |
|  | Pregnancy status of the patient  (‡ivMxiM‡f©iAe¯’v) | | 1= Pregnant (Mf©eZx)  2=Recent delivery or abortion (pregnant within past 6 weeks)mv¤úªwZKMf©cwiYwZevMf©cvZ(Mf©cwiYwZi 6 mßv‡nig‡a¨ ) ***→ Skip to 4.3***  3=Not pregnant (Mf©eZx bb)  7= Don’t know (Rvwbbv) ***→ Skip to***  ***Discharge questionnaire***  9=Not applicable / Male  (cÖ‡hvR¨ bq/cyiæl) | | | |
|  | Gestational week of pregnancy  (M‡f© åæ‡Yieqm) | | \_\_\_\_ Weeks (mßvn) | | | |
|  | Did the patient have any complications during pregnancy?  (GB Mf©ve¯’vq †ivMxwK †KvbRwUjZvi m¤§yLxbn‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to section 5*** | | | |
|  | What pregnancy complications did the patient have?  (Mf©ve¯’vq †ivMxiwKwKRwUjZvn‡qwQj?) | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **5.** | **Pregnancy outcome / delivery related questions** (Mf©cwiYwZ/cÖmem¤ú©wKZ Z\_¨**):** (Completed once pregnancy ends) | | | | | |
|  | What was the pregnancy outcome?  (†ivMxiMf©cwiYwZAe¯’v) | | 1= Live birth (RxweZRb¥)  2= Still birth (g„ZRb¥)  3=Miscarriage (Spontaneous Abortion)  (Mf©cvZ)  4=Induced Abortion  5=Not delivered as mother died  (gv‡qig„Zz¨iKvi‡YcÖmenqwb)  6= Discharged before pregnancy  outcome  (Mf©cwiYwZiAv‡MBnvmcvZvj  †\_‡K Qvov †c‡qwQj)  7=Other(Ab¨vb¨)--------------------- | | | ***→ Skip to***  ***Discharge questionnaire*** |
|  | Date of pregnancy outcome/delivery  (Mf©cwiYwZ/cÖm‡eiZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Gestational age at outcome/birth  (Rb¥ mg‡qwkïieqm) | | weeks (mßvn) *(Write 77 if unknown)*  ***→For abortion and miscarriage (5.1=3,4) end interview*** | | | |
|  | Did the patient have excessive vaginal bleeding during or after delivery?  (cÖm‡eimgqA\_evcÖm‡eic‡i †ivMxi†hvbxc\_ w`‡qwK AwZwi³ i³ ÿibn‡qwQj?) | | 1=Yes (n¨uv)  0=No(bv)  7=Don’t know (Rvwbbv) | | | |
|  | Did the patient receive a blood transfusion?  (†ivMxiMv‡qwKi³mb&Pv&jbKivn‡qwQj?) | | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to 5.7***  7=Don’t know (Rvwbbv) | | | |
|  | How many units of blood were transfused?  (KZ BDwbUi³mb&Pv&jbKivn‡qwQj?) | | units (BDwbU) *(77 if Don’t Know)* | | | |
|  | Did the patient have convulsions before, during or after the delivery?  (†ivMxiwKcÖm‡eiAv‡M, cÖm‡eimg‡qevc‡iwLuPywbn‡qwQj?) | | 1=Yes (n¨uv)  0=No(bv) | | | |
|  | Did the patient become unconscious any time before, during or after the delivery?  (†ivMxwKcÖm‡eiAv‡M, cÖm‡eimg‡qevc‡iAÁvbn‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Did the patient have any other complications during delivery?  (†ivMxicÖm‡eimgqAb¨ ‡KvbRwUjZvwQjwK?) | | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to 5.11***  7=Don’t know (Rvwbbv) | | | |
|  | What other complications did the patient have during delivery?  (Ab¨wKai‡bicÖmeRwUjZvwQj?) | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Was this a multiple pregnancy (twins, triplets, etc.)?  (GB M‡f©wKGKvwaKwkïwQj?) | | 1=Yes (n¨uv)  0=No(bv) | | | |
|  | Did the pregnancy outcome/delivery occur at this hospital?  (GB nvmcvZv‡jMf©cwiYwZ/cÖmen‡qwQjwK?) | | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to discharge questionnaire*** | | | |
|  | Was cord blood collected during the delivery?  (wkïwUibvfxibvox †\_‡K i³ msMÖnKivn‡qwQjwK?) | | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to discharge questionnaire*** | | | |
|  | Date of cord blood collection  (bvfxibvox †\_‡K i³ msMÖ‡niZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
| **6** | **Laboratory results of collected blood specimens(msM„nxZ i³ bg~bvij¨ve‡iUwidjvdj)** | | | | | |
|  | Serum billirubin level  (‡ivMxiwmivg-wewjiæwebGicwigvY) | |  | | | |
|  | SGPT (serum glutamic-pyruvic transaminase) level  (‡ivMxiGmwRwcwUGicwigvY) | |  | | | |
|  | Note:   1. Fill up the Discharge From 2. Fill up the Neonate From for live birth | | | | | |

Name of surveillance physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_