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

**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‡Mi Kvi‡Y msNwUZ cÖvc&&&Íeq¯‹**, **gv I beRvZ‡Ki g„Zz¨i nvi wbY©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`x RwÛm Gi msÁvt hw` 6 gv‡mi Kg mgq hver †ivMxi †PvL A\_ev Pvgov njy` \_v‡K)

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

2) Men and non-pregnant women ≥14 years admitted with acute jaundice

**†hvM¨ †ivMxmg~nt**

1. ¯^jc‡gqv`x (GwKDU) RwÛm wb‡q fwZ© mKj Mf©eZx
2. ¯^jc ‡gqv`x (GwKDU) RwÛm wb‡q fwZ© †ivMx hv‡`i eqm 14 ermi ev Zvi †ekx

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Patient Identification and Demographic Information (†ivMx mbv³KiY Z\_¨ m¤úwK©Z)** | | | | | |
|  | Name of surveillance hospital:  (Rwic nvmcvZv‡ji bvg) | | 1=Shaheed Ziaur Rahman 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:  (†ivMxi AvBwW bv¤^vi / ÷vwW AvBwW) | |  | | | |
|  | Patient’s Hospital Registration No:  (†ivMxi nvmcvZv‡ji ‡iwR‡÷ªkb bv¤^i) | |  | | | |
|  | Date of Hospital admission:  (nvmcvZv‡j fwZ©i ZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Date of Interview:  (Z\_¨ msMÖ‡ni ZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Name of patient:  (†ivMxi নাম) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Patient address:  (†ivMxi wVKvbv) | | Village/ Mahalla(MÖvg)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Union/ Ward (BDwbqb)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Upazilla/Municipality (Dc‡Rjv)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District (‡Rjv) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Telephone/mobile number:  (‡dvb/‡gvevBj bv¤^vi) | | Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (cÖavb)  Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (weKí) | | | |
|  | Age of patient (in years):  †ivMxi eqm (eQ‡i) | | years(eQi) | | | |
|  | Sex:  (wj½) | | 1=Male (cyiæl)  2=Female (gwnjv)  3=Transgender (wj½) | | | |
|  | Marital status:  (‰eevwnK Ae¯’v) | | 1=Married (weevwnZ)  2=Single (AweevwnZ) | | | |
|  | Education:  (wkÿvMZ †hvM¨Zv) | | 1=No schooling (¯‹z‡j hvqwb)  2=Some primary (1-4 K¬vm)  3=Finished primary (cÖvBgvix cvk)  4=Some secondary (6-9 K¬vm)  5=Finished secondary (gva¨wgK cvk)  6= Finished higher secondary (D”P gva¨wgK cvk) | | | |
|  | Occupation:  (†ckv) | | 1= Farmer (কৃষক)  2=Agriculture day labourer (কৃষিকাজে দিনমজুর)  3=Non-agriculture day labourer (দিনমজুর কিন্তু কৃষিকাজে নয়)  4= Mill/factory worker (মিল/ফ্যাক্টরিতে কর্মরত)  5=Skilled labourer (অভিজ্ঞ দাই)  6=Boatman (মাঝি)  7=Fisherman (জেলে)  8=Service holder (চাকুরি-জীবি)  9=Businessman (e¨eসা)  10= Small trader (ক্ষুদ্রe¨eসা)  11=Garments worker (গার্মেন্টস-কর্মী  12= Rickshaw-puller/Van-puller (রিক্সা চালক/ভেন চালক)  13=Beggar (ভিখারী)  14=Home maker (গৃহের কাজ)  16= Professional (ঠিকাদার)  17= Driver (truck/bus/lorry/tractor/auto rickshaw) (ড্রাইভার)  88=Others (Ab¨vb¨)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Number of members in your household?  (Avcbv‡`i Lvbvq †gvU KqRb m`m¨ i‡q‡Q?) | |  | | | |
|  | What is the approximate monthly expenditure of your household?  (Avcbv‡`i Lvbvi gvwmK e¨q KZ? | | 1=<5000 taka  2=5000-10,000 taka  3=10,001-15000 taka  4=15001-20,000 taka  5=20001-30,000 taka  6=30,001-40,000 taka  7=40,001-50,000 taka  8=50,000 taka  9=Don’t know | | | |
|  | What is the approximate monthly income of your household?  (Avcbv‡`i Lvbvi gvwmK Avq KZ?) | | 1=<5000 taka  2=5000-10,000 taka  3=10,001-15000 taka  4=15001-20,000 taka  5=20001-30,000 taka  6=30,001-40,000 taka  7=40,001-50,000 taka  8=50,000 taka  9=Don’t know | | | |
| **2.** | **Patient History and Admission Diagnosis (‡ivMxi Amy¯’Zv Ges nvmcvZv‡j fwZ©i weeiY m¤úwK©Z)** | | | | | |
|  | Hospital diagnosis on admission:  (হাসপাতালে ভর্তির সময়ে নির্ণিত রোগ) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Did you have the following signs/ symptoms during this illness?  (GB Amy¯’Zvi mg‡q wK ‡ivMxi bx‡¤œi jÿY mg~n Av‡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 (Pvgov njy`) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Yellow eyes (‡PvL njy`) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Dark color urine (Mvp i‡Oi cÖ¯ªve) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Nausea (ewg fve) | 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 (ÿyav g›`v) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Abdominal pain (‡cU e¨\_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 (‡Kvô KvwVb¨) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Melaena(Kvj cvqLvbv) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Headache (gv\_v e¨\_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 (NygNyg fve) | 1=Yes (n¨uv)  0=No (bv) | | \_\_\_\_\_ days ago | 1=Yes (n¨uv)  0=No (bv) | |
|  | Altered mental status  (cwiewZ©Z gvbwmK Ae¯’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) | |
|  | Has the patient had previous episodes of jaundice illness?  (†ivMxi c~‡e© RwÛm nIqvi †Kv‡bv BwZnvm Av‡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/eQi Av‡M †ivMx me©‡kl RwÛ‡m AvµvšÍ n‡qwQ‡jb? | | Month (gvm) Year (eQi) | | | |
|  | Did you have any laboratory test to confirm type of the Jaundice you had in your last episode?  (Avcbvi me©‡kl AvµvšÍ RwÛ‡mi cÖKvi wbwðZ Ki‡Z †Kvb j¨ve‡iUwi cixÿv Kiv n‡qwQj wK?) | | 1=Yes (n¨uv)  0= No (bv) ***→ Skip to section 3***  7=Don’t know (Rvwbbv) | | | |
|  | Type of jaundice (lab-confirmed ) of the patient in last episode?  (†ivMxi me©‡kl AvµvšÍ RwÛ‡mi cÖKviwU (j¨ve- wbwðZ) wK?)  (Multiple response acceptable) | | 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 (kvixwiK cix¶v m¤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 †bevi nvi) | | \_\_\_\_\_/m (wgwb‡U) | | | |
|  | Yellow skin (Pvgov njy`) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Yellow eyes (†PvL njy`) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Oedema(†dvjv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Dehydration (cvwb k~b¨Zv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Anaemia(i³ k~b¨Zv) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Distended abdomen (†cU duvcv/dz‡j wM‡qwQj) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Liver/Mass palpable (†c‡U wK †Kvb k³ PvKv wQj) | | 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 (¯^jc ‡gqv`x/GwKDU fvBivj †ncvUvBwUm)  2=Chronic viral hepatitis (`xN© ‡gqv`x/ µwbK fvBivj †ncvUvBwUm)  3=Non-viral hepatitis (bb&-fvBivj †ncvUvBwUm)  8=Other (Ab¨vb¨) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. 7 | Did the patient provide a blood sample?  (‡ivMx wK i³ bg~bv w`‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to section 4*** | | | |
|  | Date of blood sample collection  (i³ bg~bv msMÖ‡ni ZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
| **The following sections 4 and 5 in this questionnaire are for women only.** | | | | | | |
| **4.** | **Pregnancy related questions (For women only) (Mf© m¤úwK©Z cÖkœmg~n)** | | | | | |
|  | Pregnancy status of the patient  (‡ivMxi M‡f©i Ae¯’v) | | 1= Pregnant (Mf©eZx)  2=Recent delivery or abortion (pregnant within past 6 weeks)mv¤úªwZK Mf©cwiYwZ ev Mf©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*** | | | |
|  | Gestational week of pregnancy  (M‡f© åæ‡Yi eqm) | | \_\_\_\_ Weeks (mßvn)  *Write 77 for 'Don’t know'* | | | |
|  | Did the patient have any other complications during pregnancy aside from jaundice?  ( Mf©ve¯’vq GB RwÛm Qvov †ivMx wK †Kvb RwUjZvi m¤§yLxb n‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to section 5*** | | | |
|  | What pregnancy complications did the patient have?  (†ivMxi Mf©ve¯’vRwbZ wK wK RwUjZv n‡qwQj?) | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **5.** | **Pregnancy outcome / delivery related questions** (Mf©cwiYwZ/cÖme m¤ú©wKZ Z\_¨**):** (Completed once pregnancy ends) | | | | | |
|  | What was the pregnancy outcome?  (†ivMxi Mf©cwiYwZi Ae¯’v) | | 1= Live birth (RxweZ Rb¥)  2= Still birth (g„Z Rb¥)  3=Miscarriage (Spontaneous Abortion) (Avcbv-Avcwb Mf©cvZ) 4=Induced Abortion (Mf©cvZ Kiv‡bv n‡q‡Q)  5= Patient died before pregnancy outcome (Mf© cwiYwZi Av‡MB †ivMxi g„Zz¨ n‡qwQj)  6= Discharged before pregnancy  Outcome (Mf© cwiYwZi Av‡MB nvmcvZvj †\_‡K Qvov †c‡qwQ‡jb)  7=Other(Ab¨vb¨)--------------------- | | | ***→ Skip to***  ***Discharge questionnaire*** |
|  | Date of pregnancy outcome/delivery  (Mf© cwiYwZ/cÖm‡ei ZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
|  | Gestational age at outcome/birth  (Mf© cwiYwZi mg‡q åy‡bi eqm) | | weeks (mßvn) *(Write 77 if unknown)* | | | |
|  | Did the patient have excessive vaginal bleeding during or after delivery?  (cÖm‡ei mgq A\_ev cÖm‡ei c‡i †ivMxi †hvbx-c\_ w`‡q wK AwZwi³ i³ ÿib n‡qwQj?) | | 1=Yes (n¨uv)  0=No(bv)  7=Don’t know (Rvwbbv) | | | |
|  | Did the patient receive a blood transfusion?  (†ivMxi Mv‡q wK i³mb&Pv&jb Kiv n‡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 BDwbU i³ mb&Pv&jb Kiv n‡qwQj?) | | units (BDwbU) *(77 if Don’t Know)* | | | |
|  | Did the patient have convulsions before, during or after the delivery?  (†ivMxi wK cÖm‡ei Av‡M, cÖm‡ei mg‡q ev c‡i wLuPywb n‡qwQj?) | | 1=Yes (n¨uv)  0=No(bv) | | | |
|  | Did the patient become unconscious any time before, during or after the delivery?  (†ivMxwK cÖm‡ei Av‡M, cÖm‡ei mg‡q ev c‡i AÁvb n‡qwQj?) | | 1=Yes (n¨uv)  0=No (bv) | | | |
|  | Did the patient have any other complications during delivery?  (†ivMxi cÖm‡ei mgq Ab¨ ‡Kvb RwUjZv wQj wK?) | | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to 5.11***  7=Don’t know (Rvwbbv) | | | |
|  | What other complications did the patient experience during delivery?  (Ab¨ wK ai‡bi cÖme-RwUjZv wQj?) | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Was this a multiple pregnancy (twins, triplets, etc.)?  (GB M‡f© wK GKvwaK wkï wQj?) | | 1=Yes (n¨uv)  0=No(bv) | | | |
|  | Did the pregnancy outcome/delivery occur at this hospital?  (GB nvmcvZv‡j Mf©cwiYwZ/cÖme n‡qwQj wK?) | | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to discharge questionnaire*** | | | |
|  | Was cord blood collected during the delivery?  (wkïwUi bvfxi bvox †\_‡K i³ msMÖn Kiv n‡qwQj wK?) | | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to discharge questionnaire*** | | | |
|  | Date of cord blood collection  (bvfxi bvox †\_‡K i³ msMÖ‡ni ZvwiL) | | Day (w`b) Month (gvm) Year (eQi) | | | |
| **6** | **Laboratory results of collected blood specimens (msM„nxZ i³ bg~bvi j¨ve‡iUwi djvdj) (Only for adults)** | | | | | |
|  | Serum billirubin level  (‡ivMxi wmivg-wewjiæweb Gi cwigvY) | | . mg/dL | | | |
|  | SGPT (serum glutamic-pyruvic transaminase) level  (‡ivMxi GmwRwcwU Gi cwigvY) | | U/L | | | |
|  | Note:   1. Complete the Discharge From 2. Complete the Neonate Case Investigation From for live birth | | | | | |

Name of Surveillance Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Investigation Form – Neonates**

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

**(M‡elYvi bvg t evsjv‡`‡k †ncvUvBwUm-B †iv‡Mi Kvi‡Y msNwUZ cÖvc&&&Íeq¯‹** , **gv I beRvZ‡Ki g„Zz¨i nvi wbY©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`xRwÛm Gi msÁv t hw` 6 gv‡mi Kg mgq hver †ivMxi †PvL A\_ev Pvgov njy` \_v‡K)

[*This form is to be completed for any live birth to enrolled women with acute jaundice either:*

1. *Delivered in this hospital after the mother’s enrolment or*
2. *Delivered within the six weeks prior to mother’s enrolment (at any location).*

*In case of multiple live births, fill out this form for each baby. The neonate identification numbers (NID) will be different but mother’s identification number (PID) will be the same]*

**Eligible Babies**:

1) Babies born in the hospital to enrolled pregnant women

2) Babies born within the last six weeks to enrolled women

**†hvM¨** wkï**mg~nt**

1. M‡elYvq wbew›aZ Mf©eZx gv‡qi wkïiv hviv GB nvmcvZv‡j Rb¥ wb‡q‡Q|
2. M‡elYvq wbew›aZ gv‡qi wkïiv hviv MZ Qq mßv‡ni g‡a¨ Rb¥ wb‡q‡Q|

|  |  |  |
| --- | --- | --- |
| 1. | **Identification and history of the newborn baby** (beRvZ‡Ki BwZnvm Ges mbv³KiY Z\_¨) | |
|  | Neonate Identification number (NID)  (beRvZ‡Ki AvBwW bv¤^vi) | - |
|  | Identification number of the newborn’s mother  [Patients identification number (PID)]  (beRvZ‡Ki gv‡qi AvBwW bv¤^vi)  [†ivMxi AvBwW bv¤^vi] |  |
|  | Gestational age at birth  (Rb¥ mg‡q wkïi eqm) | weeks (mßvn) *(Write 77 if unknown)* |
|  | Weight at birth  (Rb¥ mg‡q wkïi IRb) | Kg (‡KwR) *(Write 77 if unknown)* |
|  | Did the baby develop jaundice?  (wkïwUi wK RwÛm n‡qwQj?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to 1.7*** |
|  | When did the jaundice develop?  (KLb wkïwUi RwÛm n‡qwQj?) | 1=Within 24 hours of birth (R‡b¥i 24 N›Uvi g‡a¨)  2=25- 72 hours of birth (R‡b¥i 25-72 N›Uvi g‡a¨)  3= More than 72 hours after birth (R‡b¥i 72 N›Uvi c‡i) |
|  | When did the baby first cry after birth?  R‡b¥i ci KLb wkïwU cÖ\_g Kvbœv K‡i‡Q? | min after birth (wgwbU ci) *(Write 77 if unknown)* |
|  | Hypothermia or excessive coldness of body or extremity of the baby after birth  (R‡b¥i ci wkïwUi bx¤œ&-ZvcgvGv ev kixi A\_ev nvZ-cv‡qi AwZwi³ VvY&&Wv fve) | 1=Yes (n¨uv)  0=No (bv)  7=Don’t know (Rvwbbv) |
|  | Sucking (Pz‡l LvIqvi ÿgZv) | 1=Good (fvj)  2=Poor (`~©ej)  3=No sucking (Pz‡l LvIqvi ÿgZv bvB)  7=Don’t know (Rvwbbv) |
|  | Did the baby have any congenital deformities?  (wkïwUi ‡Kvb Rb¥ÎæwU wQj wK?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to 1.12***  7=Don’t know (Rvwbbv) |
|  | What congenital deformities did the baby have?  (wkïwUi wK wK ai‡bi Rb¥ÎæwU wQj) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did the baby have any other illness/disease?  (wkïwUi Ab¨ †Kvb Amy¯’Zv/‡ivM wQj wK?) | 1=Yes (n¨uv)  0=No(bv) ***→ Skip to 1.14***  7=Don’t know (Rvwbbv) |
|  | What type of illness/disease did the baby have?  (wkïwUi wK wK ai‡bi Amy¯’Zv/‡ivM wQj?) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Is the baby still alive?  (wkïwU wK GLbI RxweZ?) | 1=Yes (n¨uv) ***→ Skip*** ***to 1.17***  0=No (bv) |
|  | How quickly did the baby die?  (KZ ZvovZvwo wkïwU gviv wM‡qwQj? ) | 1= Baby died within 24 hours of delivery  (R‡b¥i 24 N›Uvi g‡a¨ wkïwU gviv wM‡qwQj)  2= Baby died within 25 -72 hours of delivery  (R‡b¥i 25-72 N›Uvi g‡a¨ wkïwU gviv wM‡qwQj)  3= Baby died after 72 hours of delivery  (R‡b¥i 72 N›Uvi c‡i wkïwU gviv wM‡qwQj) |
|  | Death date of the new born  *(* beRvZKwUi g„Zyi ZvwiL) | Day (w`b) Month (gvm) Year (eQi) |
|  | Did the pregnancy outcome/delivery occur at this hospital?  (GB nvmcvZv‡j, GB fwZ©Kv‡j Mf©cwiYwZ/cÖme n‡qwQj wK?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to discharge questionnaire*** |
| 2. | **Examination of the baby (wkïwUi kvixwiK cix¶v)** | |
|  | Date exam conducted  (Z\_¨ msMÖ‡ni ZvwiL) | Day (w`b) Month (gvm) Year (eQi) |
|  | Temperature  (ZvcgvÎv) | \_\_\_\_\_\_\_\_\_\_ ºF |
|  | Respiratory rate  (k¦vm †bevi nvi) | \_\_\_\_\_\_\_\_\_\_ min (wgwb‡U) |
|  | Yellow skin  (Pvgov njy`) | 1=Yes (n¨uv)  0=No (bv) |
|  | Sucking  (Pz‡l LvIqvi ÿgZv) | 1=Good (fvj)  2=Poor (`~©ej)  3=No sucking (Pz‡l LvIqvi ÿgZv bvB) |
|  | Hypothermia  (bx¤œ&-ZvcgvGv A\_ev AwZwi³ VvY&&Wv fve) | 1=Yes (n¨uv)  0=No (bv) |
|  | Movement/Activity  (bovPov Kivi ÿgZv) | 1=Good (fvj)  2=Poor (`~©ej)  3=No movement (‡Kvb bovPov bvB) |
|  | Did the baby have any congenital deformities?  (wkïwUi ‡Kvb Rb¥ÎæwU wQj wK?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to 2.10*** |
|  | What congenital deformities did the baby have?  (wkïwUi wK wK ai‡bi Rb¥ÎæwU wQj) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did the baby have any other illness/disease?  (wkïwUi Ab¨ †Kvb Amy¯’Zv/‡ivM wQj wK?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to discharge questionnaire*** |
|  | What type of other illness/disease did the baby have?  (wkïwUi Ab¨ wK wK ai‡bi Amy¯’Zv/‡ivM wQj?) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Fill up the Discharge From | |

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

Interview date:--

Day (w`b) Month (gvm) Year (eQi)

**Case Investigation Form- Hospital Discharge**

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

**(M‡elYvi bvg t evsjv‡`‡k †ncvUvBwUm-B †iv‡Mi Kvi‡Y msNwUZ cÖvßeq¯‹**,**gv I beRvZ‡Ki g„Zz¨i nvi wbY©q|)**

***This form should be completed at hospital discharge for all enrolled patients and any live birth (neonate) to enrolled pregnant women*.**

(GB digwU nvmcvZvj †\_‡K Qvov cvIqvi mgq M‡elYvq AskMÖnYKvix mKj †ivMx Ges M‡elYvq AskMÖnYKvix Mf©eZx gwnjv‡`i RxweZ Rb¥ ‡bqv †h‡Kvb wkïi †ÿ‡G m¤ú~©Y Kiæb|)

|  |  |  |
| --- | --- | --- |
| **1.** | **Disease outcome of patient (†ivMxi †ivM djvdj m¤úwK©Z)** | |
|  | Was this person enrolled in the study as a patient or a newborn to an enrolled patient? | 1=Patient (adult or pregnant woman)  2=Neonate born to enrolled woman***→ Skip to 1.3*** |
|  | Patient Identification Number (PID)/Study ID:  (†ivMxi AvBwW bv¤^vi / ÷vwW AvBwW) | ***→ Skip to1.4*** |
|  | Neonate Identification Number (NID)  (beRvZ‡Ki AvBwW bv¤^vi) | - |
|  | Patient/Neonate Outcome on Discharge  (nvmcvZvj †\_‡K QzwUi mgq †ivMxi/beRvZ‡Ki Ae¯’v) | 1=Improved/Discharged with advice  (D/A)  (fvj/ Dc‡`kmn QzwU)  2=Discharged on request (DOR)  (‡ivMxi Aby‡iv‡a QzwU)  3=Discharged on risk bond (DORB)  (eÛmB w`‡q †¯^”Qvq nvmcvZvj Z¨vM)  ***Skip to 1.7***  4=Absconded (cjvqb)  5=Refered to other health facility.  Name of thefacility:  (Ab¨ †nj\_ ‡dwmwjwU‡Z †idvi Kiv  n‡qwQj, †nj\_ ‡dwmwjwUi bvg:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6=Neonate who never required hospital  Admission  (beRvZK, hvi KLbI nvmcvZv‡j fwZ©i cÖ‡qvRb nqwb)  7=Death (g„Zz¨) |
|  | Immediate Cause of Death  (ZvrÿwYK g„Zz¨i KviY) | . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Underlying Cause of Death  (g„Zz¨i AšÍ©wbwnZ KviY) | . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date of Discharge/Death  (nvmcvZvj †\_‡K Qvov cvIqvi/ g„Zz¨i ZvwiL) | --  Day (w`b) Month (gvm) Year (eQi) |
|  | On discharge/death, does the patient/neonate have yellow skin or eyes (jaundice)?  (nvmcvZvj †\_‡K Qvov cvIqvi/ g„Zz¨i mgq wK †ivMxwUi/beRvZKwUiRwÛm wQj? ) | 1=Yes (n¨uv)  0=No(bv)  7=Don’t Know (Rvwbbv) |
|  | In adition to jaundice does the patient/neonate have any major illness/findings on discharge?  (nvmcvZvj †\_‡K Qvov cvIqvi mgq †ivMxwUi/beRvZKwUi eo ai‡bi †Kvb Amy¯’Zv ev jÿb we`¨gvb wQj wK?) | 1=Yes (n¨uv)  0=No (bv) ***→ Skip to 2.1*** |
|  | What are the major illness/findings present on discharge?  (nvmcvZvj †\_‡K Qvov cvIqvi mgq wK ai‡bi Amy¯’Zv ev jÿb we`¨gvb wQj?) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | **At any time did the patient/neonate experience ( †h ‡Kvb mg‡q wK †ivMxwUi**/**beRvZKwUi bx‡Pi †KvbUv wQj? ):** | |
| **2.1** | Excessive or unusual bleeding  (AwZwi³ ev A¯^vfvweK i³ ÿib) | 1=Yes (n¨uv)  0=No(bv)  ***Skip to 2.4***  7=Don’t Know (Rvwbbv) |
| **2.2** | If yes, was blood transfused?  n¨uv n‡j, i³ mb&Pv&jb Kiv n‡qwQj wK? | 1=Yes (n¨uv)  0=No(bv)  ***Skip to 2.4***  7=Don’t Know (Rvwbbv) |
| **2.3** | Number of Units  (KZ BDwbU) | units(BDwbU)*(77 if Don’t Know)* |
| **2.4** | Convulsions  (wLuPywb) | 1=Yes (n¨uv)  0=No(bv)  7=Don’t Know (Rvwbbv) |
| **2.5** | Unconsciousness  (AÁvbfve) | 1=Yes (n¨uv)  0=No(bv)  7=Don’t Know (Rvwbbv) |

Name of Surveillance Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Date:--

Day (w`b) Month (gvm) Year (eQi)