**Questionnaire for collecting data from animal-bite cases**

|  |  |  |
| --- | --- | --- |
| Patient ID: | | |
| Date of the interview: | | |
| Name of the patient: | | |
| Name of the patient attendant (if applicable): | | |
| Name of the patient: | Age (in yrs) : | Gender: |
| Father’s/Husbands name: | | |
| Phone number of patient:  (1)  (2) | | |
| Phone number of patient’s family member (adult): | | |
| House No (GR).# | Village/Para/Rd # | Ward No # |
| City Corporation: North / South |  |  |
| Permanent address: | Upazila/Thana | District: |
| Occupation of the patient # | Monthly family income BDT # | |
| Education level of patient # | | |
| Distance from patient residence to IDH (kilometer) # | | |
| Travel cost to visit hospital # | Time required to visit hospital # | |
| From where/whom you hear about the rabies vaccination center # | | |
| Do you know about the hospital earlier for providing rabies vaccine # Yes / No | | |
| **Animal-bite history** | | |
| Date of bite: | Time gap between bite and hospital visit #  Day\_\_\_\_\_\_\_\_\_\_Hours\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Animal species:  Dog/Cat/Fox/Jackal/Mongoose/Monkey/  others............................ | Type of exposure: Bite/ Scratch/Lick | |
| Number of bites: Single/double/triple/>3 | Type of animal who bites:  Stray/Community own/own pet/wild | |
| Site of bite: Head/Face/Neck/Trunk/Upper limb/Lower limb/Multiple sites/ others…….. | Status of biting animals:  Mad/apparently healthy/sick/Suspected Rabid | |
| Reason of bite:  Provoked by patient/Provoked by animals | Category of wound (WHO Category): Category I/Category Il/Category Ill/Could not be categorized | |
| **Animal-bite management before vaccination** | | |
| Measures taken following animal bite: Would wash with only water/Wash with soap/ Attending clinics/Sought remedy from traditional healer/ Did nothing | | |
| Time gap between bite and wound washing # Day\_\_\_\_\_\_\_\_\_\_\_\_\_hours\_\_\_\_\_\_\_\_\_\_\_\_Minutes\_\_\_\_\_\_\_ | | |
| **History of biting animals** | | |
| Fate of biting animal # Died/ Killed by people/ still live/ Not found /Run away/don’t know | | |
| Vaccination status of biting animal against rabies # Non vaccinated /annually vaccinated/ Once vaccinated/not known | | |
| **History of Health care seeking** | | |
| Have you received any treatment before coming IDH? Yes /No |  |  |
| Type of treatment received # Washing / bite dressing / antibiotics / pain killer / immune-globulin/ ATS/  Others…………………………………….. | Who treated:  Traditional healers/Kabiraj/ others: Yes/ No If Yes, Type: Thala pora/ pani pora/ kola pora/ other (specify: ……………………..) | |
| **Vaccination data** | | |
| Type Post exposure prophylaxis:  Vaccine / Immunoglobulin | Recommended vaccine schedule: Day 0 / 3 / 7 / 14 / 28 | |
| Date of 1st dose vaccine: | Date of 2nd dose vaccine: | Date of 3rd dose vaccine: |
| Date of 4th dose vaccine: | Date of 5th dose vaccine: | Vaccine advised:   * Intra-muscular * Intra-dermal |
| Completion of vaccine by 30 days of first dose vaccine: 1st/2nd/3rd/4th/5th dose | Maintain vaccine schedule appropriately:   * Received 5 doses appropriately * Received 5 doses but not appropriately * Not received all doses | |
| Was the victim previously vaccinated against rabies? ¨ Yes ¨ No ¨ Don’t know | Date(s) of Previous Rabies Vaccination:  -------------------/don’t know | |
| Do you face any side effects after being vaccinated: Yes/ No | What are the side effects:  Pain/fever/other…………. | |
| **Factors associated with delayed vaccine intake of first dose vaccine** | | |
| Time gap between animal bite and first dose vaccination:  Day\_\_\_\_\_\_\_\_\_\_\_\_hour\_\_\_\_\_\_\_\_\_\_Minutes\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you know about the date of first dose vaccination?: Yes /No | When ? |  |
| Why you came late to take first dose?   * Don’t know about vaccine schedule * Busy with other works * Took time to find IDH * Bad weather * No money to travel hospital * Unable to come on day 0 because of bite induced suffering * Sickness * Others   Record exact causes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |