

Annex 11D: Guinea Worm - Case Investigation Form

GUINEA WORM ERADICATION PROGRAMME CASE INVESTIGATION FORM FOR GUINEA WORM DISEASE					
Epid No: _____					
C O U - R E G - D I S - Y R - C A S E					<i>To be completed in triplicate</i>
I. Reporting/Investigation Information					
Reporting Village:	Zone:	District:	Region:		
Date Case Reported: (dd/mm/yyyy) ___/___/_____ Reported by: _____ Position: _____					
Date Case Investigated: _____ Investigated by: _____ Position: _____					
II. Patient Information and Place of Residence¹					
Name:		Father's Name/Landlord's Name:			
Age:	Sex:	Occupation:	Ethnicity		
Resident Address: Village:			Zone:		
Area/Sub District:		District:	Region:		
Setting: Urban/Rural		Land Marks:			
Place of residence is same as the reporting village: YES/NO Residence since when(in months): _____					
(Please fill BOX "III. Place stayed in the last 10-14 months" if the number of months stayed in this box was less than 10.)					
III. Place stayed in the last 10-14 months if not the same as above.					
Village:		Zone:	Area/Sub District:		
District:		Region:	Country:		
IV. Travel History of patient in the last 10-14 months					
Date From:	Date To:	Village:	Sub District	District:	Region:
Possible water sources that the patient might have contaminated with location details and GPS:					
Name	Latitude	Longitude	Type	Source	Check box if Treated with Abate and Date

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V. Sign and symptom			
What was the first sign/symptom before the emergence of worm? Blister/Itching/Swelling/Others, Specify			
Emergence of guinea worm: YES/NO No of Worms: _____ Is this the first guinea worm emerged this year? YES/NO			
Date of the First guinea worm emerged: ___/___/_____ Was the case detected before worm emerged? YES/NO			
VII. Case Containment Measures and Guinea-worm registry			
Received any health education: YES/NO Patient entered any water source: YES/NO			
Place Managed: CCC/Home/Health Centers/Hospital			
Name of Health Facility/Health Center/Other Centers if patient was hospitalized:			
Admission Date: ___/___/_____		Discharged Date: ___/___/_____	
<u>SN.NO.</u> Location of worm			
Date worm detected completely expelled	Date of guinea-worm	Date confirmed	Regular emergence
by supervisor:	bandaging		
_____	___/___/_____	___/___/_____	___/___/_____
_____	___/___/_____	___/___/_____	___/___/_____
_____	___/___/_____	___/___/_____	___/___/_____
_____	___/___/_____	___/___/_____	___/___/_____
VIII. Specimen Handling			
Was a specimen (worm) saved and preserved in alcohol? YES/NO If NO WHY?			
Date sent to Region:		Received By:	Date Received by:

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Date sent to National:	Received By:	Date Received by:
For National Secretariat Only:		
Did you send it for confirmation? Yes/No	Date sent:	Sent To:
Date Result Received		
Result:		
IX. Other Information		
Use of cloth filter: YES/NO 4-never	Frequency of changing filters 1-rarely; 2-sometimes; 3-always;	
Remarks:		
<i>Person who completed this form:</i>		
NAME	POSITION	CELL PHONE NO
SIGNATURE		
<i>Disease Control or Surveillance Officer:</i>		