Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Initial Interview Questionnaire of Cases v2

Guide for the interviewer

v2 Updated May 2017

Reason for update: v2 has been updated taking into consideration knowledge of potential and suspected risk factors for infection and severe disease

This form is designed to gather initial information about the potential exposures of a suspected or confirmed case of MERS- CoV infection in the 14 days before symptom onset. The interview should be conducted as soon as possible once the patient is suspected of having MERS-CoV infection. If the patient is unable to personally answer questions because of death or severity of illness, a close relative or friend can answer the questions for him or her. This form should be modified according to local needs and experience.

This form is not intended as a formal study instrument but rather questions that will allow investigators better understand potential exposures that may have led to infection and to develop hypotheses to test during subsequent formal studies.

Purpose of form: This interview form is developed as a supplemental tool to accompany the WHO guidelines for investigation of cases of human infection with MERS-CoV, which can be found on the WHO website. **This is not an investigation form.**

1. Patient Information

1.1. Patient Name (Family Name/First Name) _____

1.2. Case identification number/Identification number _____

1.3. Residence (country, city, province) _____

OR GPS coordinates Lat _____ Long _____

1.4. Residence type: ☐ Single family home ☐ Apartment ☐ Dormitory ☐ Other, please specify _____

1.5 Subject is: ☐ Person under investigation (including contact) ☐ Probable Case ☐ Confirmed Case

1.6. Person answering questions is: ☐ Subject/Patient ☐ Relative (specify relationship)_____ ☐ Acquaintance/co-worker (specify relationship):_____

1.7. Sex ☐ Male ☐ Female

1.8. Age (in years if over 1 year old, in months if <1 year old) _____ years _____ months (if under 1)

1.9. Date of interview (dd/mm/yyyy) ___/____/_____

1.10. Date of symptom onset (dd/mm/yyyy) ___/____/_____ ☐ Tick box for no symptoms at time of interview

2. Contact with confirmed MERS patient

2.1. Have you had contact with known confirmed case? ☐ Yes ☐ No ☐ Unknown

2.1.1. If yes, provide details of confirmed case (name, ID number) _____

2.1.2. What is your relationship with confirmed case? ☐ Relative ☐ Co-worker ☐ other (please specify) _____

2.1.3. What are the dates of your first and last contact with the confirmed case (dd/mm/yyyy)?

2.1.3.1. First contact ___/____/_____

2.1.3.2. Last contact ___/____/_____

2.1.4. What is the nature of contact with the confirmed case (check all that apply)?

☐ Direct contact ☐ Indirect contact (shared room with patient)
☐ Provided patient care ☐ Indirect contact (spoke with patient)
☐ Other, please specify _____ ☐ Unknown

3. Health Care Visits

3.1. Have you visited a health care facility in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

3.1.1. If yes, where and when were the health care visit(s)?

	Health Care Facility Name	Inpatient or Outpatient		Date admitted	Date released
1	_____	☐ In	☐ Out	___/____/_____	___/____/_____
2	_____	☐ In	☐ Out	___/____/_____	___/____/_____
3	_____	☐ In	☐ Out	___/____/_____	___/____/_____
4	_____	☐ In	☐ Out	___/____/_____	___/____/_____

Subject ID _____

4. Recent travel

4.1. Have you travelled in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

4.1.1. If yes, where and when was the travel?

Location 1 _____ Dates (from when to when): _____

Location 2 _____ Dates (from when to when): _____

Location 3 _____ Dates (from when to when): _____

4.1.2. If yes, did you visit any health care facilities while traveling? ☐ Yes ☐ No ☐ Unknown

If yes, please list in 3.1.1

4.1.3. If yes, did you have contact with dromedary camels while traveling? ☐ Yes ☐ No ☐ Unknown

4.1.4. If yes, ware you symptomatic during travel? ☐ Yes ☐ No ☐ Unknown

4.1.4.1. Indicate the mode of travel and any travel related information (e.g., date, mode of travel, from-to, flight/train/bus number or timing of dep/arr)

_____

4.1.5. If yes, did you attend any mass gatherings while traveling?

☐ Mass sporting event ☐ Hajj ☐ Umrah ☐ Family celebration ☐ Other_____

5. Dromedary camel contact

5.1. Have you had contact with dromedary camels in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

5.1.1. Was the contact direct (i.e., touched the camel)? ☐ Yes ☐ No ☐ Unknown

Cared for camel ☐ Yes ☐ No ☐ Unknown

Slaughtered a camel ☐ Yes ☐ No ☐ Unknown

Milked a camel ☐ Yes ☐ No ☐ Unknown

Other, please specify _____ ☐ Yes ☐ No ☐ Unknown

5.1.2. Was the contact indirect?

Visited a camel market ☐ Yes ☐ No ☐ Unknown

Visited a camel farm ☐ Yes ☐ No ☐ Unknown

Visited a camel race track ☐ Yes ☐ No ☐ Unknown

Other _____ ☐ Yes ☐ No ☐ Unknown

5.2. Have any of your family members had direct contact with dromedaries in the 14 days prior to your symptom onset? ☐ Yes ☐ No ☐ Unknown

5.2.1. If yes, who had contact with the camel and where was the contact? _____

5.3. Have any of your family members visited a camel farm/camel race track or camel market in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

5.3.1. If yes, when and where? ____/____/_____ Location:_____

5.4. Has you had any contact with raw camel materials? ☐ Yes ☐ No ☐ Unknown

5.4.1. If yes, which materials (check all that apply):

☐ handled/consumed unpasteurized camel milk ☐ handled/consumed camel urine

☐ handled/consumed camel blood ☐ handled/consumed uncooked camel meat or organs

☐ Other, please specify _____

Subject ID _____

6. Other animal contact

5.1. Have you had direct contact with animals other than dromedary camels in the 14 days prior to symptom onset?

☐ Yes ☐ No ☐ Unknown

If yes, list the animals species here:_____

7. Underlying medical conditions

7.1. Do you have any underlying medical conditions? ☐ Yes ☐ No ☐ Unknown

7.1.1. If yes, which conditions?

Diabetes	☐ Yes	☐ No	☐ Unknown
Heart Disease, including hypertension	☐ Yes	☐ No	☐ Unknown
Renal Disease	☐ Yes	☐ No	☐ Unknown
Weakened immune system (from cancer, chemotherapy, radiation therapy, immunosuppressive medications, HIV, organ transplant, or inherited immunodeficiency)	☐ Yes	☐ No	☐ Unknown
Obesity	☐ Yes	☐ No	☐ Unknown
Asthma	☐ Yes	☐ No	☐ Unknown
Chronic lung disease, including COPD	☐ Yes	☐ No	☐ Unknown
Liver disease	☐ Yes	☐ No	☐ Unknown

Other, please specify _____

7.1.2. If female, are you pregnant? ☐ Yes ☐ No ☐ Unknown

7.2. Are you currently a smoker? ☐ Yes ☐ No

7.2.1. If no, are you formerly a smoker? ☐ Yes ☐ No

8. Patient occupation

8.1. What is your occupation?

☐ Student, name school/university_____
☐ Unemployed
☐ Retired
☐ Other, please specify_____
☐ Employed, health care worker*, specify job:_____
☐ Employed, non HCW, specify occupation_____
☐ Camel worker

**if Health Care worker, fill in health care worker form*

9. Identification of interviewer and interviewee

9.1. Form completed by (name) _____

9.2. Contact information of interviewer (mobile number) _____

9.3. Date of interview (dd/mm/yyyy) ___/____/_____

Subject ID _____