Annexure: IA:

Case Information Sheet

Individual Code: Case/Control

Name: (Fictitious) Age/Gender:

Religion: Caste:

Address: Phone No:

Area: Urban/Rural

1. **Sociodemographic Details**

Occupation (in case of minor, occupation of head of family)	
Education Status	
Total Family members	
Total Family monthly income	
Type of house	Kaccha Pucca Semi Kaccha Semi Pucca Any Other_____
Number of rooms	
Is there cattle shed in the house	Yes No
If yes, type of Cattle shed	Kaccha Pucca Semi Pucca Semi Kaccha Other
Is the cattle shed within house premises	Yes No
If no, distance of cattle shed from the house (approx. in meters)	

2. **Clinical Details**

Deceased **If yes: Details of Interviewee**	Yes/No
Date of Admission (triangulate from hospital records)	dd/mm/yyyy
Date of discharge	dd/mm/yyyy
Onset of symptoms (approx.)	dd/mm/yyyy
Outcome	Discharged/Left against advice/Death
Type of sample collected	

Date of sample collection	
Date of result	
Type of test done	
Test result	Positive Negative Other, specify
Whom did you first consult	Private Physician Government Primary Health Centre District Hospital ANM ASHA Local Healers Others
Initial Symptoms	Fever Chills Redness of Eyes Nausea Vomiting Abdominal Pain Headache Body ache or generalized muscle pain Pain and tenderness in the calf muscles Yellowish discoloration of eyes Reduced urine output Shortness of breath Swelling of feet Generalised oedema No Symptoms
Other symptoms	Nausea Vomiting Diarrhea Cough Rash Abdominal Pain Photosensitivity Any Other _____
Complications if any	Renal Failure Jaundice Bleeding Hepatic Failure Encephalopathy Cardiac Failure Respiratory Distress Hypotension Any other please specify_____
Did patient require ICU admission	Yes No
Comorbidity if Any	HTN Diabetes

	TB Thyroid disorder Stroke Chronic Renal Disorder Chronic Liver Disease Obesity Cancer Pregnancy Others_____
Previous history of Leptospirosis	Yes No Don't know
If yes specify	

3. **Exposure Details (30 days before symptoms onset)**

Date of symptom onset	Dd/mm/yyyy
History of direct or indirect exposure with animals **(Explain indirect contact to the interviewee)**	Yes No Don't Know
If yes, type of animal	Cow Buffalo Goat Sheep Horses Pigs Dogs Cats Rodents Others
Any specific animal contact	Detail of the event with the type of animal
Did you have any open wound/abrasions/cut during the exposure (based on recall)	Yes No Don't Know If yes, details _____
Do you belong to any occupation with frequent animal contact	Farmer Veterinarian Abattoir worker Poultry Farm Others, please specify
Other modes of animal exposure, if any	Pet owner Gardening Animal Rescuer Animal Researcher Zoo House Rodents Others, please specify

Do you remember any contact with water source before illness	Yes No Don't Know
Does the case/control belong to any of these occupations where water exposure is present	Famer Marine industry Fisherman Coast guard Swimming pool
Any recreational exposure	Water sports Boating Swimming (Public/Private pool) Camping Bushwalking Fishing

4. **Exposure to infected water (30 days before symptoms onset)**

Was there heavy rainfall near place of residence/work	Yes No Don't Know
Were there floods in the area of residence/work	Yes No Don't Know
History of consumption of untreated water	Yes No Don't Know
Any contact with floodwater runoff or sewage?	Yes No Don't Know
H/O canal bathing	Yes No Don't know
Practice of open defecation	Yes No Don't know

5. **Other relevant history**

History of travel	Yes No Don't remember If yes, details: Date of journey Place: Duration of stay Any of the above exposure there, if yes details _____
Any other case of similar illness in the family	

6. **Environmental Survey:** Interviewer should conduct a thorough environmental and household survey for the nuisance of rodents/sanitation/standing water/flooding/Cow dung storage in the house and mention the details here

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7. **Notes**

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