# Appendix 2: Nigeria Monkeypox Case Investigation Form

## Section 1: Patient Identity

1. Last Name ___________________ First Name ___________________
2. For children, father’s name _____________________________________________
3. Date of birth ___/___/___
4. Age in days (neonate) ________ Age in months (Infant) ________ Age in years (others) _____
5. Gender □ M □ F
6. Village/settlement/street of residence during the last 3 weeks __________________________
7. State __________________________________ LGA ________________ WARD________________
8. Nationality ____________________________ Ethnicity / Tribe_________________________
9. Occupation of the patient __________________________________________________________

## Section 2: Patient status

10. Status of the patient: □ Alive □ Dead
11. If dead, date of death  ___/___/___ Place of death: _________________________________
12. Place of the funeral, name village: __________________ LGA________________ State ____________
13. Is a Smallpox vaccination scar present? □ Yes □ No

## Section 3 : Clinical History / Presentation

14. Date of onset of symptoms: ___/___/___
15. Name of the village / LGA/State where the patient got ill__________________________ 
   Country_____________________
16. a. Did the patient travel anytime in the three weeks before becoming ill?: □ Yes □ No
   b. If yes, indicate the places __ (1) ___________________ (2) _________________ (3) __________
      Others: _____________________________________________________________
17. a. Did the patient travel during illness?: □ Yes □ No
   b. If Yes, indicate the places __ (1) ___________________ (2)___________________(3)________
      Others: _____________________________________________________________
18. Does the patient have a cutaneous eruption/rash? □ Yes □ No
19. If yes, date of onset for the rash: ___/___/___
20. Did the patient have fever? □ Yes □ No . If yes, date of onset for the fever: ___/___/___
21. If there is active disease,
   a. Are the lesions in the same state of development on the body? □ Yes □ No
   b. Are all of the lesions the same size? □ Yes □ No
   c. Are the lesions deep and profound? □ Yes □ No
22. Localisation of the lesions □ Face □ Legs □ Soles of the fee □ Palms of the hands
    □ Thorax □ Arms □ Genitals □ All over the body
    List other areas : __________________________________________________________
23. Did the patient develop ulcers? □ Yes □ No
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24. Does or did the patient have any of the following symptoms (check all that apply)

- Vomiting/nausea [ ] Yes [ ] No
- Headache [ ] Yes [ ] No
- Cough [ ] Yes [ ] No
- Lesions that itch [ ] Yes [ ] No
- Lymphadenopathy, inguinal [ ] Yes [ ] No
- Muscle pain (myalgia) [ ] Yes [ ] No
- Lymphadenopathy, axillary [ ] Yes [ ] No
- Fatigue [ ] Yes [ ] No
- Lesions that itch [ ] Yes [ ] No
- Lymphadenopathy, cervical [ ] Yes [ ] No
- Conjunctivitis [ ] Yes [ ] No
- Chills or sweats [ ] Yes [ ] No
- Sensitivity to light [ ] Yes [ ] No
- Sore throat when swallowing [ ] Yes [ ] No
- Is the patient bedridden? [ ] Yes [ ] No
- Oral ulcers [ ] Yes [ ] No

25. If female, Pregnancy status: [ ] Pregnant [ ] Not pregnant

26. HIV status: [ ] Negative [ ] Positive [ ] Unknown

27. Any other known medical condition (Please state)

Section 4: Exposure

28. During the three weeks preceding the onset of symptoms, did the patient have contact with one or more persons who had similar symptoms? [ ] Yes [ ] No

If yes, respond to the following questions concerning these additional ill people (indicate all of the ill people). There is additional space for multiple contacts at the end of this form.

29. Last name _______________________ First name ________________

30. Relationship with the patient ________________________________

31. First date of contact with the ill person ___/___/___

32. Did the patient touch a domestic or wild animal during the three weeks preceding symptom onset?
   [ ] Yes [ ] No

33. If Yes, what kind of animal__________________________

34. Date of contact ___/___/___

35. Type of contact (check all that apply)
   [ ] Rodents alive in the house
   [ ] Dead animal found in the forest
   [ ] Alive animal living in the forest
   [ ] Animal bought for meat

   Others:____________________________________

Section 5: Laboratory

36. Was a specimen collected? [ ] Yes [ ] No

35. If Yes, date ___/___/___

37. Type: [ ] Crust [ ] Swab [ ] Blood

Collect at least two types of specimens from each patient. For each specimen: place a label on this form and a label on the specimen tube. Ensure that the two labels have the same name/number of the specimen.
Appendix 2: Nigeria Monkeypox Case Investigation Form

Section 6: Update on the Hospital information
38. Was the patient sent to a hospital? □ Yes □ No
39. Was the patient admitted in the isolation ward? □ Yes □ No
40. If Yes, name of hospital_______________ Hospitalization date ___/___/___
41. Date of discharge___/___/___OR Date of death___/___/___

Section 7: Additional contacts of the patient (Question 28)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Location/Address</th>
<th>Date of contact</th>
<th>Sex</th>
<th>Relationship</th>
<th>Type of contact e.g. touch, breastfeeding, sexual</th>
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Appendix 3: Contact Listing Form

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<tr>
<th>s/ no</th>
<th>Surname</th>
<th>Other names</th>
<th>Sex (M/F)</th>
<th>Age (yrs)</th>
<th>Relation to case</th>
<th>Date of last contact with case</th>
<th>Type of contact (1, 2 or 3)</th>
<th>Head of household</th>
<th>Address</th>
<th>Town</th>
<th>LGA</th>
<th>Phone number</th>
<th>Occupation</th>
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