Form A0: Minimum data reporting form – for suspected and probable cases

The First Few X (FFX): Cases and contact investigation protocol for 2019-nCoV

1- For cases

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Unique Case ID / Cluster Number (if applicable):

1. Current Status
□ Alive □ Dead

2. Data Collector Information	
Name of data collector	
Data collector Institution	
Data collector telephone number	
Email	
Form completion date (dd/mm/yyyy)	___/___/___

3a. Case Identifier Information	
Given name(s)	
Family name	
Sex	□ Male □ Female □ Not known
Date of Birth (dd/mm/yyyy)	___/___/___ □ Unknown
Telephone (mobile) number	
Age (years, months)	___ years ___ months □ Unknown
Email	
Address	
National social number/ identifier (if applicable)	
Country of residence	
Case status	□ Suspected □ Probable □ Confirmed
3b. Interview respondent information (if the persons providing the information is not the patient)	
First name	
Surname	
Sex	□ Male □ Female □ Not known
Date of Birth (dd/mm/yyyy)	___/___/___
Relationship to patient	
Respondent address	
Telephone (mobile) number	

4. Patient symptoms (from disease onset)	
Date of first symptom onset (dd/mm/yyyy)	___/___/___ ☐ No symptoms ☐ Unknown
Fever (≥38 °C) or history of fever	☐ Yes ☐ No ☐ Unknown
Sore throat	☐ Yes ☐ No ☐ Unknown
Runny nose	☐ Yes ☐ No ☐ Unknown
Cough	☐ Yes ☐ No ☐ Unknown
Shortness of Breath	☐ Yes ☐ No ☐ Unknown
Vomiting	☐ Yes ☐ No ☐ Unknown
Nausea	☐ Yes ☐ No ☐ Unknown
Diarrhea	☐ Yes ☐ No ☐ Unknown

5. Initial sample collection	
Date respiratory sample collected (dd/mm/yyyy)	___/___/___
What type of respiratory sample was collected?	☐ Nasal swab ☐ Throat swab ☐ Nasopharyngeal swab ☐ Other, specify
Has baseline serum been taken?	☐ Yes ☐ No ☐ Unknown If yes, date baseline serum taken (dd/mm/yyyy) ___/___/___
Were other samples collected?	☐ Yes ☐ No ☐ Unknown If yes, which samples: If yes, date taken (dd/mm/yyyy) ___/___/___

6. Clinical Course: Complications	
Hospitalization required?	☐ Yes ☐ No ☐ Unknown If yes, name of hospital
ICU (Intensive Care Unit) admission required	☐ Yes ☐ No ☐ Unknown
Acute Respiratory Distress Syndrome (ARDS)	☐ Yes ☐ No ☐ Unknown
Pneumonia by chest X-ray	☐ Yes ☐ No ☐ Not applicable (no X-ray performed) ☐ Date ___/___/___
Other severe or life-threatening illness suggestive of an infection	☐ Yes ☐ No ☐ Unknown If yes, specify:
Mechanical ventilation required	☐ Yes ☐ No ☐ Unknown
Extracorporeal membrane oxygenation (EMO)	☐ Yes ☐ No ☐ Unknown

7. Human exposures in the 14 days before illness onset	
Have you travelled within the last 14 days domestically?	☐ Yes ☐ No ☐ Unknown If Yes, dates of travel (DD/MM/YYYY): ___/___/___ to ___/___/___ Regions: Cities visited:

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Have you travelled within the last 14 days internationally?	□ Yes □ No □ Unknown If Yes, dates of travel (DD/MM/YYYY): ___/___/___ to ___/___/___ Countries visited: Cities visited:
In the past 14 days, have you had contact with a anyone with suspected or confirmed 2019-nCoV infection?	□ Yes □ No □ Unknown If Yes, dates of last contact (DD/MM/YYYY): ___/___/___
Patient attended festival or mass gathering	□ Yes □ No □ Unknown If yes, specify:
Patient exposed to person with similar illness	□ Yes □ No □ Unknown
Location of exposure	□ Home □ Hospital □ Workplace □ Tour group □ Unknown □ Other, specify:
Patient visited or was admitted to inpatient health facility	□ Yes □ No □ Unknown If yes, specify:
Patient visited outpatient treatment facility	□ Yes □ No □ Unknown If yes, specify:
Patient visited traditional healer	□ Yes □ No □ Unknown If yes, specify type:
Patient occupation (specify location/facility)	□ Health care worker □ Working with animals □ Health laboratory worker □ Student □ Other, specify: For each occupation, please specify location or facility:____

8. Status of form completion	
Form completed	□ Yes □ No or partially If no or partially, reason : □ Missed □ Not attempted □ Not performed □ Refusal □ Other, specific:

ADDITIONAL INFORMATION TO COLLECT (relevant for cases in China)

9. Human exposures to animals in the 14 days before illness onset		
	Patient handled animals	□ Yes □ No □ Unknown If no or unknown, skip to F
	Types of animals handled (e.g. pigs, chicken, ducks or others)	Specify:
	Nature of contact (e.g. feed, groom or slaughter, specify)	Specify:
	Location of animal contact	□ Home □ Workplace □ Hospital □ Tour group □ Other, specify:
	Within 2 weeks before or after contact, any animals sick or dead?	□ Yes □ No □ Unknown If yes specify type and number, and proportion from flock or herd:
	Patient exposed to animals in the environment but did not handle them (e.g. in neighborhood, farm, zoo, at home, agricultural fair or work)	□ Yes □ No □ Unknown If yes specify, otherwise skip to J
	Types of animals in that environment	Specify:
	Location of exposure	□ Home □ Neighborhood □ Market □ Agricultural fair/ zoo group □ Farm □ Other, specify
	Within 2 weeks before or after exposure, any animals sick or dead?	□ Yes □ No □ Unknown If yes specify type and number, and proportion from flock or herd:
	Patient exposed to animal by-products (e.g. bird feathers) or animal excreta	□ Yes □ No □ Unknown If yes, specify:
	Patient visited live animal market	□ Yes □ No □ Unknown If yes, specify: