

## Outbreak Investigation Proforma

**Dept. of Community Medicine**

**Dr. D. Y. Patil Medical College**

### Demographic Information

Full Name	What is your full name?	
Contact no.	Phone no. (optional)	
Address	What is your address? (House No. + GIS location) or	_____ +Yes/No
	School Name + GIS location Standard in school:	_____ +Yes/No
Age	What is your age?	_____ years
Gender		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
		<input type="checkbox"/> Other
		<input type="checkbox"/> Prefer not to say
Location (City/Region)		
Occupation/Role		

### Clinical Information

Symptoms	Have you experienced any of the following symptoms in the past in last 45 days?	Yes _____ days back
	Redness & irritation in the eyes	Yes      or      No
	Watery or purulent discharge from the eyes	Yes      or      No
	Itching or burning sensation in the eyes	Yes      or      No
	Sensitivity to light	Yes      or      No
	None of the above	Yes      or      No
Other symptoms	Rash	Yes      or      No
	Joint pain	Yes      or      No
	Cough and cold	Yes      or      No
	Fever	Yes      or      No
	Diarrhoea	Yes      or      No
	Nausea or vomiting	Yes      or      No
	Weakness	Yes      or      No
	Headache	Yes      or      No
	Loss of appetite	Yes      or      No
	Sore throat	Yes      or      No
	Others	Yes      or      No If yes Specify _____

<b>Onset and Duration</b>		
Onset of Symptoms	When did you first notice the symptoms?	Date : _____ or _____ days back
Duration of Symptoms	How long have you been experiencing these symptoms?	_____ days
Elaborate sequence order in which symptoms came:		
<b>Contact and Exposure</b>		
Close Contact with Conjunctivitis	Have you been in close contact with someone who has had conjunctivitis?	Yes or No
Yes If _____	School	Yes or No _____
	Family	Yes or No _____
	Others specify:	_____
Travel	Travel	Yes or No if yes _____
Any pets in your home : Yes or no If yes details : _____		
History of direct contact with diseased animals in recent past: _____		
Details of Human Contact	Please provide details (e.g., relationship to the person, dates of contact, symptoms they experienced)	Relationship _____
		Date of Contact _____
		Symptoms of contacts _____
<b>Environmental Exposure</b>		
Possible Environmental Factors	Have you recently been exposed to any environmental factors that might be relevant: Yes or No	
	- Swimming pools or River	Yes or No
	- Chemicals or irritants	Yes or No
	- Dusty or smoky environments	Yes or No
	- Fair / or any other crowded area	Yes or No
	Housing Conditions:	Overcrowding ( Yes or No) Poor ventilation ( Yes or No)
	Other , if yes specify:	
	None	
<b>Medical History</b>		
Pre-existing Medical Conditions	Do you have any pre-existing medical conditions that may affect your eyes or immune system?	Yes or No

Details of Medical Conditions	If yes, please specify:	
<b>Preventive Measures</b>		
Preventive Measures	Are you aware of any preventive measures to protect yourself from conjunctivitis?	Yes or No If yes, specify _____
	Have you taken any preventive measures to protect yourself from conjunctivitis?	Yes or No
Details of Preventive Measures	If yes, please describe the measures you have taken:	
<b>Testing and Treatment</b>		
Seeking Medical Attention	Have you sought medical attention for your conjunctivitis symptoms?	Yes or No
	Consulted and took treatment from	Health care professional _____ Traditional health practitioner (AYUSH and other) _____
Diagnostic Testing or Treatment	If yes, have you undergone any diagnostic testing?	Yes or No
	Have you received any treatment for above symptoms	Yes or No
Details of Testing and Treatment If yes, please provide details	Testing	
	Treatment	
<b>Personal Observations</b>		
Additional Observations	Do you have any additional observations or information related to the outbreak that you would like to share?	
Laboratory Investigation of current cases:	Sample taken: (tick appropriate)  Lab diagnosis	Conjunctival swab      Throat swab  _____ organism identified .