



DISEASE INVESTIGATION

BANGLADESH U2C INITIATIVE
Reporting Unit: Village/FarmINVESTIGATION ID (write here as provided by software after submitting form data):

Village/Farm profile

1. Date Completed (dd-mm-yyyy) _____-_____-_____	2. Division (block letters) _____	3. District (block letters) _____	4. Upazila (block letters) _____
5. Union (block letters) _____	6. Mouza (optional) (block letters) _____	7. Village (block letters) _____	
8. Name of contact person (block letters) _____	10. Phone number of the contact person _____._____	11. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
9. Title/position _____			
(Optional) 12. Latitude Decimal Degree (number) _____° Longitude Decimal Degree (number) _____°			

Meeting Information

13. Were you called out to the community to investigate sick/dead animals? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did you conduct a meeting to build network or to raise community awareness on disease control? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did you search for sick/dead animals? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Were there any sick/dead animals found? _____	<input type="checkbox"/> Yes →(Fill in Outbreak Investigation Section) <input type="checkbox"/> No

Outbreak Investigation

17. Date when your team received information on sick/dead animal (dd-mm-yyyy) _____-_____-_____	18. Estimated date of onset (dd-mm-yyyy) _____-_____-_____		
19. In what type of production system did the cases occur? (check one)	<input type="checkbox"/> Farm	Has a farm assessment been conducted previously? <input type="checkbox"/> Yes FARM ID (write here as provided during first assessment report): _____._____	Approximate date (dd-mm-yyyy) _____-_____-_____
	<input type="checkbox"/> Household		<input type="checkbox"/> No
	<input type="checkbox"/> Wildlife		

20. Species affected (check all that apply)	Number of DEAD	Number of SICK	Total population on farm (or estimated village population)
<input type="checkbox"/> Cattle (Meat)	_____	_____	_____
<input type="checkbox"/> Cattle (Milk)	_____	_____	_____
<input type="checkbox"/> Goat	_____	_____	_____
<input type="checkbox"/> Sheep	_____	_____	_____
<input type="checkbox"/> Buffalo	_____	_____	_____
<input type="checkbox"/> Poultry <input type="checkbox"/> Brown Comm. <input type="checkbox"/> White Comm. <input type="checkbox"/> Deshi (backyard) <input type="checkbox"/> Sonali	_____	_____	_____
<input type="checkbox"/> Other, specify _____	_____	_____	_____

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21. What clinical signs were observed? (<i>block letters and comma separated</i>)			
22. Post mortem findings (<i>block letters and comma separated</i>)			
23. Tentative Diagnosis:			
24. Number of sick/dead animals tested to confirm diagnosis (<i>number</i>) <input type="text"/> <input type="text"/> specimens			
25. Specimen type? (<i>check all that apply</i>) <input type="checkbox"/> Blood <input type="checkbox"/> Fecal <input type="checkbox"/> Urine <input type="checkbox"/> Swab <input type="checkbox"/> Other, specify _____			
26. Samples collected and sent to the lab? (<i>check one</i>)	<input type="checkbox"/> Yes No. of samples <input type="text"/> <input type="text"/>		Date samples collected (<i>dd-mm-yyyy</i>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Sample ID 1: _____		
	Sample ID 2: _____		
	Sample ID 3: _____		
	Sample ID 4: _____		
	Sample ID 5: _____		
<input type="checkbox"/> No Why? (<i>check one</i>) <input type="checkbox"/> No media available <input type="checkbox"/> Not necessary			
27. Initial control measure (<i>check all that apply</i>)	<input type="checkbox"/> Vaccination		
	<input type="checkbox"/> Isolation and quarantine		
	<input type="checkbox"/> Depopulation (<i>e.g. culling/stamping out</i>)		
	<input type="checkbox"/> Other _____		
28. Last documented similar incident	Location: _____	Date (<i>dd-mm-yyyy</i>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
29. Additional investigation information:			
30. Laboratory Result:			

Administration

Name, designation and phone:	Working day (<i>dd-mm-yyyy</i>)	Overnight (<i>dd-mm-yyyy</i>)	Signature
1.			1.
2.			2.
Acknowledged by:		Approved by:	
Name	Signature	Name	Signature

ATTENTION: Check that you have all the information required to complete this form before you leave the village

**ALWAYS CLEAN AND DISINFECT YOUR BOOTS, VEHICLE AND EQUIPMENT
AFTER YOU COMPLETE YOUR ASSIGNMENT**