

## Annex 1. Example of data collection form for cholera investigation

General information	
Date	
Health facility	
Address	
Name of the health care worker	
Demographic information	
Patient surname	
Patient first name	
Age (years)	
Sex (F/M)	
Place of residence: Address (GPS coordinates if available)	
Municipality, village or health care catchment area	
Province or district	
Region	
Clinical information	
Date of onset of symptoms	___ / ___ / ___
Clinical signs and symptoms	Diarrhoea <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Myalgia <input type="checkbox"/> Other symptoms <input type="checkbox"/> specify:
Hospitalization (admitted to a health facility for at least one night)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If hospitalization	Date of admission: ___ / ___ / ___ Date of discharge: ___ / ___ / ___
Level of dehydration (treatment plan)	No dehydrated (Treatment plan A) <input type="checkbox"/> Mild dehydration (Treatment plan B) <input type="checkbox"/> Severe dehydration (Treatment plan C) <input type="checkbox"/>
Outcome	Recovered <input type="checkbox"/>