Ministry of Public Health
Epidemiological surveillance unit
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Novel Coronavirus - INVESTIGATION FORM
ESU number: _____

1- Patient information	
Name :	Residence: □ Permanent □ Visitor
Gender: □ M □ F	Caza of residence:
Date of Birth: Age:	locality of residence:
Nationality:	Phone number:
Occupation:	

2- Signs and symptoms			
Symptoms onset date _____/_____/_____ (dd/mm/yyyy) ***OR*** □ Asymptomatic			
	Yes	**No**	**Don't know/ Unsure**
Fever (≥ 38°c)	□	□	□
Runny nose	□	□	□
Sneezing	□	□	□
Cough	□	□	□
Sore throat	□	□	□
Shortness of breath	□	□	□
If other signs/symptoms, please indicate:			

3- Hospitalization					
Was the patient hospitalized for this illness?			□ Yes	□ No	□ Unknown
	Hospital name		**Admission date**		**Discharge date**
Hospital 1					
Hospital 2					
Died from illness	□ Yes	□ No	□ Unknown	Death date	
Autopsy	□ Yes	□ No	□ Unknown	Result	

4- Clinical findings			
Diagnosis of pneumonia	□ Yes	□ No	□ Unknown
If Yes: □ Clinical □ Radiographic □ Other			
If other please indicate:			
Patient admitted to ICU	□ Yes	□ No	□ Unknown
ICU start date:			
ICU discharge date:			
Mechanical Ventilation:	□ Yes	□ No	□ Unknown
If Known, Start Date:			
Duration (days):			
Acute Respiratory Distress Syndrome	□ Yes	□ No	□ Unknown
If yes, date:			
Acute Renal Failure	□ Yes	□ No	□ Unknown
Fatality	□ Yes	□ No	□ Unknown

5- Risk factors/Exposure

Did patient travel to Middle east in the 10 days prior to illness onset?

□ Yes □ No □ Unknown; If yes, which country: □ KSA □ Qatar □ Other (please indicate) ……

Country	Departure date	Return date

Did patient have contact with someone else who traveled to Middle east in the 10 days prior to illness onset?

□ Yes □ No □ Unknown

If yes, what is the relation?

Which country: □ KSA □ Qatar □ Other (please indicate) ……

Country	Departure date	Return date

In the 10 days before onset did the case have close contact with any of the following

□ Cows □ bats □ Goats □ Camels □ Sheep □ Other animals (please indicate) ……

Does patient work as a health care worker?

□ Yes □ No □ Unknown If yes, name and city of facility:

Did patient have contact with a person with Acute Respiratory Infection on the 10 days prior to illness onset?

□ Yes □ No □ Unknown If yes, describe:

6- Laboratory tests

Did patient have any tests performed for respiratory viruses/bacteria? □ Yes □ No □ Unknown

Specimen type	Date of collection	Laboratory name	Type of test	Result of test

7- Case classification	
Classification	Date
□ Unknown	
□ Confirmed	
□ Suspected	
□ Probable	

8- Investigator information				
Name	**Institution**	**Date**	**Phone number**	**Signature**