SARS-COV-2 HDSS sero-surveys– LABORATORY REQUISITION FORM

Study: S-COV-2 HDSS sero-surveys	**1. Location (LOC):** □**NAIROBI-NRB**	**2. Patient ID (0001-0999)** **SS-**| N | R | B | - |___|___|___|___| **LOC** **S/N**
3. Date of collection (DD/MMM/YYYY): |___|___| / |___|___|___| / |___|___|___|___|		**4. Staff initials: |__|__|__|**

Form completed by: ____ _____ _(Signature) |__|__|/|__|__|__|/|_2_|_0_|__|__ |(Date (dd/MMM/yyyy))

5.	**5.1** Residency status: a. Present b. Not at Home c. Await Husband Decision d. Guardian Not Present e. Out Migrated f. Died g. Not Known	**5.2** Consent: |__| (0= No , 1=Yes) **5.3** If Consent is NO: Reason why refused to participate . a. Parent/Guardian refused consent for the study b. Mother needs the father to give consent and the father is away c. Fear of blood/Swab d. Not interested in the research e. Negative attitude towards APHRC activities f. Prior experience with APHRC g. Others
6.	**6.1** First name: _____ **6.2** Middle name: _____ **6.3** Surname:_____	**6.4** Education: |__| (Fill 0=No formal education; 1=Primary; 2= Secondary; 3= Tertiary) **6.5** Religion: |__| (0=None, 1= Muslim 2= Catholic, 3=Protestant; 4= Other Christians 5= Traditional religion); 6=No religion, Hindu
7.	**7.1** Estimated age in years: |__|__|__|	**7.2** if <5 years, DOB |__|__|/|__|__|__|/|__|__| (dd/MMM/yy)
8.	Sex at birth:	**|**__| (Fill in 0= Female , 1=Male)
9.	Usual place of residence (**NOT ancestral home**)	
	9.1 County: _____ **9.2** Sub-county: _____ **9.3** Division: _____	**9.4** Location: _____ **9.5** Sub-location: _____ **9.6** Village/estate: _____
10.	Have you had contact with anyone with a suspected or confirmed COVID-19 or SARS-CoV-2 infection?	**|**__| (Fill in 0= No , 1=Yes, 3=Probably, 4= Don't know) If yes, month of last contact: |__|__|__|/|__|__| (MMM/yy)
11.	**In the** past 3 months**, have you experienced any of the following** (check all reported symptoms): **10.1 In the past 3 months, have you experienced any of the following** (check all reported symptoms): □ History of fever **:|__| 0= No ; 1=Yes**	

	□ Chills :|__| 0= No ; 1=Yes □ General weakness □ Cough:|__| 0= No ; 1=Yes □ Sore throat:|__| 0= No ; 1=Yes □ Congestion/Runny nose:|__| 0= No ; 1=Yes □ Fatigue:|__| 0= No ; 1=Yes- □ New loss of taste :|__| 0= No ; 1=Yes □ New loss of smell :|__| 0= No ; 1=Yes □ Pain (check all that apply): ( )Muscular; ( )Chest; ( )Abdominal ( )Joint Which of the above symptoms(**Q11.1**) have you experienced in the **last 2 weeks:{ } Choose all that apply from Q10**__ □ Shortness of breath/difficulty breathing □ Diarrhoea:|__| 0= No ; 1=Yes □ Nausea/vomiting:|__| 0= No ; 1=Yes □ Headache:|__| 0= No ; 1=Yes □ Irritability/Confusion :|__| 0= No ; 1=Yes □ UNKNOWN (all) □ Other, specify □ NO SYMPTOMS □ Pain (check all that apply) *( ) Muscular ( ) Chest* *( ) Abdominal ( ) Joint*	
12.	If you answered yes, Q11,	**12.1** Did any of these symptoms require you to seek medical attention? |__| (Fill in 0= No , 1=Yes, 2= Don't know) **12.2** Did any of these symptoms cause you to miss work? |__| (Fill in 0= No , 1=Yes, 2= Don't know) **12.3** Did any of these symptoms require you to be hospitalised? |__| (Fill in 0= No , 1=Yes, 2= Don't know)
13.	**In the** past 3 months, **has anybody in your household been sick? |__|** (Fill in 0= No , 1=Yes, 2= Don't know) **If yes, did they have any of the following symptoms** (check all reported symptoms): □ History of fever/ chills □ General weakness □ Cough □ Sore throat □ Runny nose □ Loss of taste □ Loss of smell □ Shortness of breath □ Diarrhoea □ Nausea/vomiting □ Headache □ Irritability/Confusion □ Pain (check all that apply) *( ) Muscular ( ) Chest* *( ) Abdominal ( ) Joint* □ UNKNOWN (all) Other, specify _____	
14.	If you answered yes, Q13,	**14.1** Did any of these symptoms require this household member to seek medical attention? |__| (Fill in 0= No , 1=Yes, 2= Don't know) **14.2** Did any of these symptoms cause the household member to miss work? |__| (Fill in 0= No , 1=Yes, 2= Don't know, 3=Not applicable) **13.3** Did any of these symptoms require the household member to be hospitalised? |__| (Fill in 0= No , 1=Yes, 2= Don't know, 3=Not applicable) 13.3 Were the symptoms/illness construed to be COVID-19 (clinical lab confirmed)? 1-Yes; 2=No 3: Don't know
15. a **15. b**	In the last 24 months, has any member of your household died? |__| (Fill in 0= No , 1=Yes, 2= Don't know If yes, indicate sex and age of the deceased _____ Thinking back within 2 years before COVID-19, did any member of your household die? |__| (Fill in 0= No , 1=Yes, 2=	

	Don't know If yes, indicate sex and age of the deceased _____	
16. a	COVID-19 vaccination status	16.1 Have you had a COVID-19 vaccine? |__| (Fill in 0= No , 1=Yes, 2= Don't know) 16.2 COVID vaccine type? (1 – AstraZeneca, 2 – Pfizer, 3- Johnson & Johnson, 4 -Moderna, 5 -SputnikV, 6-Sinopharm 7- Others….(specify)) 16.3 How many doses? |__| a) 0= No dose b) Dose 1 type: |__|date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| c) Dose 2 type: |__| date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| d) Dose 3 type: |__|date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| 16.4 Vaccination confirmed by: | | 1=Vaccination Card; 2= SMS; 3= Verbal report; 4=Other(specify).....
16. b	If no to 16a above, what is your reason for not getting the vaccine? (tick all that apply)	a) Fear or concerns about adverse reactions b) My religion/faith does not support vaccination c) I feel that I do not have adequate knowledge about the COVID-19 vaccine d) The vaccine is not available at my nearest health facility e) I cannot afford the costs related to obtaining the COVID-19 vaccine f) COVID vaccines are not useful g) Long term impact on fertility h) Other (specify……..)
16.c	Would you recommend COVID-19 vaccination to other people?	1= Yes 2=No 3=Not sure
16.d	If NO/Not sure, why not?	……
17.a	How do you rate your own risk of getting infected with the virus that causes COVID-19	○ Nil ○ Low ○ Moderate ○ High
17.b	If there is a risk of getting COVID-19, how worried are you about getting SAR-CoV-2 and its outcomes?	1= Very worried 2=Somewhat worried 3= Not worried at all
18.	Outmigration and inmigration information	**18.1** Has any of your household member(s) left this household in the last6 months? ○ Yes, one or more adults ○ Yes, one or more child ○ No **18.1.1. If yes, where did they migrate to?** ○ Different household in the same area ○ Different urban area

		○ Different rural area ○ Don't know **18.1.2. Reason for outmigration _____** 1-To be with family 2-Insecurity 3-Poor housing conditions, Amenities, or environment 4-Poor job or business prospects 5-High general cost of living 6-Rent was expensive or could not afford to pay rent (evicted) 7-Poor health services 8-To seek medical/care 9-(Female) respondent was pregnant and left to deliver elsewhere 10-Not accessible or far from the road and other services 11-To go to school or college 12-Civil conflict and other forms of conflict 13-For a change or to be independent 96-Other reasons 97-Refused to say reason 98-Don't Know reason **18.2** Has any member joined your household in the last 6 months? ○ Yes, one or more adults ○ Yes, one or more child ○ No **18.2.1. If yes, where did they in migrate from?** ○ Different household in the same area ○ Different urban area ○ Different rural area ○ Don't know **18.2.2. Reason for immigration_____** 1-To be with family 2-Security is better here 3-Better housing conditions and amenities 4-Better job or business prospects 5-Low general cost of living 6-Rent is cheap 7-Health services and environment are good 8-Was sick and needed medical or other care here 9-(Female) respondent was pregnant and came here to deliver 10-Accessible or close to the road and other services 11-To go to school or college 12-For a change 96-Other reasons 97-Refused to say reason 98-Don't Know reason

19.	Loss of income during COVID-19	**19.1 Has any of your household members lost a job or source of livelihood in the last 6 months?** (Fill in 0= No , 1=Yes, myself, 2=Yes, another household member, 4=Don't know) **19.2** If you answered 1 or 2, do you know why the job was lost_____
20.	Access to health services	**20.1** Have you been unable to access and use healthcare services you would normally have access to in the last 6 months? (Fill in 0= No , 1=Yes, 2= Don't know) **20.2 If yes, which services were missed (check all that apply)** □ Antenatal care □ Delivery at a health facility □ Immunization □ Consultation/treatment for chronic conditions e.g diabetes, hypertension, stroke care, sickle cell disease, etc **Reason for missed service? _____**
21.	Check for BCG scar (first look at the left, then the right shoulder)	**21.1** Does the participant have a BCG scar? |__| (Fill in 0= No , 1=Yes)|__| (Fill in 0= No , 1=Yes, 2= Don't know)
22.	For children < 5 years, vaccination information from health card	**22.1** Do you have vaccination records for *(child's Name)*? |__| (Fill in 0= No , 1=Yes) If you answered YES, in 20.1, *Capture Vaccination history from the records provided* (Fill in 0= No , 1=Yes, 2= Don't know) **22.2** BCG |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.3** Penta 1 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.4** Penta 2 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.5** Penta 3 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.6** PCV 1 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.7** PCV 2 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.8** PCV 3 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.9** MCV1 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| **22.10** MCV2 |__| if yes, fill in date |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_| If you answered NO, in 20.1, **22.11** Reason why vaccination card is not available. |__| *(Choose from the List of probable reasons why no records provided)* 1. Mother/guardian who keeps the card is not available 2. Claims to have had a card but misplaced it 3. Was not issued with the card at the health facility but received vaccinations 4. Has never gotten a card and never received vaccinations 5. Card Destroyed/burnt 6. Card left at another place other than the current residence
23.a	Have you ever tested for COVID?)? |__| (Fill in 0= No , 1=Yes)	**If Yes, COVID Test results** |__| (Fill in 0= Negative , 1=Positive) If Positive , Date last tested |_m_|_m_|/|_y_|_y_|

23.b	How was the testing done?	1=Nose/mouth sample (Rapid test), 2= Nose/mouth sample (PCR) 3) Blood testing for antibodies
24.	Time of sample collection (hh:mm; 24hr clock)	_____:____ or |__| N/A sample not taken

To be completed by the laboratory -

LABORATORY REPORT **Tech initials** **Date (dd/mm/yyyy)** **Time (24 Hour)**

Blood group test done? ☐ Yes, *RESULT ☐ No ☐ _____ _____ /_____ /_____ _____:_____

Whole blood stored? ☐ Yes ☐ No _____ _____ /_____ /_____ _____:_____

Serum & clot stored? ☐ Yes ☐ No _____ _____ /_____ /_____ _____:_____

Lab Technologist verification (Initials) _____ _____ /_____ /_____ _____:_____

Review by surveillance coordinator (Initials) **_____** **_____ /_____ /_____** **_____:_____**

*Options are A+, A-, AB+, AB-, B+, B-, O+, O-