

Supplementary Material. **Questionnaire for suspected cholera cases in Dalahican Village, Lucena City, Philippines, 2022**

QUESTIONNAIRE FOR DIARRHOEA CASES

Name: _____ Sex: _____ Age: _____

Address: _____

House No. _____ Purok _____ Sitio _____ Barangay _____

Occupation: _____ Place of work/school _____

Clinical information

Signs & symptoms (pls. check)

Onset time		Loose bowel movement >3x/day	Yellowish
Onset date		Fever	Greenish
Illness duration		Nausea	Others: specify
Diagnosis date		Vomiting	
Hospitalized (Y/N)		Body weakness	
Date of admission		Abdominal cramps	
Date of discharge		Rectal pain	Volume of stool/episode
Name of hospital		Tenesmus	Scanty
Outcome		Bloody stool	Voluminous
		Brownish	Quantify:

Other household members affected: (name, age, sex, and onset date)

1. _____
2. _____
3. _____

Water and Sanitation

1. Before the LBM arises, do you boil your water? Yes () No ()
2. Do you use chlorine in your drinking-water? Yes () No ()
3. Do you wash your hands before eating? Yes () No ()
4. Do you wash your hands after using the toilet? Yes () No ()
5. Do you have your own toilet? Yes () No (); water sealed, pit privy, others: _____
6. Do you use ice? If yes, homemade, bought? Where? _____
7. Source of drinking-water? Water system, deep well, spring bottled, refilling station, rain water, specify where? _____
8. Approximately how many glasses of water do you consume per day? _____
9. Did you attend a party prior to the occurrence of diarrhoea? Yes () No ()
10. Marketplace you preferred: _____
11. Are you a watcher of patient that was confined in the hospital due to diarrhoea? Yes () No ()
12. If yes, did you develop diarrhea? Yes () No ()