

Supplementary Fig. 1. **Case Information Sheet**

Individual Code

Name: _____ Age/Gender: _____
 Religion: _____ Caste: _____
 Address: _____ Phone number: _____
 Area: Urban/Rural

1. Socialdemographic details

Occupation (in case of minor, occupation of head of family)	
Education status	
Total family members	
Total family monthly income	
Type of house	Kaccha (mud house) Pucca (cemented house) Mixed (part mud, part cemented) Other: _____
Number of rooms	
Is there a cattle shed in the house?	Yes No
If yes, type of cattle shed	Kaccha (mud house) Pucca (cemented house) Mixed (part mud, part cemented) Other
Is the cattle shed within the housing premises?	Yes No
If no, distance of cattle shed from the premises (approx. in metres)	

2. Clinical details

Deceased	Yes/No
If yes: Details of interviewee	
Date of admission (triangulate from hospital records)	dd/mm/yyyy
Date of discharge	dd/mm/yyyy
Onset of symptoms (approx.)	Discharged/Left against advice/Death
Outcome	
Type of sample collected	
Date of sample collection	
Date of result	
Type of test done	
Test result	Positive Negative Other, please specify: _____

Whom did you first consult?	Private physician Government primary health centre District hospital Auxiliary nurse midwife Accredited social health activist Traditional healer Other: _____
Initial symptoms	Fever Chills Redness of eyes Nausea Vomiting Abdominal pain Headache Body ache or generalized muscle pain Pain and tenderness in the calf muscles Yellowish discoloration of eyes Reduced urine output Shortness of breath Swelling of feet Generalised oedema No symptoms
Other symptoms	Nausea Vomiting Diarrhoea Cough Rash Abdominal pain Photosensitivity Other: _____
Complications, if any	Renal failure Jaundice Bleeding Hepatic failure Encephalopathy Cardiac failure Respiratory distress Hypotension Any other, please specify: _____
Did you require ICU admission?	Yes No
Comorbidities, if any	Hypertension Diabetes Tuberculosis Thyroid disorder Stroke Chronic renal disorder Chronic liver disease Obesity Cancer Pregnancy Other: _____
Previous history of leptospirosis	Yes No Don't know
If yes, specify	

3. Exposure details (30 days before symptoms onset)

Date of symptom onset	dd/mm/yyyy
History of direct or indirect exposure with animals (Explain indirect contact to the interviewee)	Yes No Don't know
If yes, type of animal	Cows Buffalo Goats Sheep Horses Pigs Dogs Cats Rodents Others
Any specific animal contact	Detail of the event with the type of animal
Did you have any open wound/abrasions/cut during the exposure (based on recall)?	Yes No Don't know If yes, details: _____
Do you belong to any occupation with frequent animal contact?	Farmer Veterinarian Abattoir worker Poultry farm Others, please specify
Other modes of animal exposure, if any	Pet owner Gardening Animal rescuer Animal researcher Zoo House rodents Others, please specify: _____
Do you remember any contact with water source before illness?	Yes No Don't know
Do you belong to any of these occupations where water exposure is present?	Farmer Marine industry Fisherman Coast guard Swimming pool
History of any recreational exposure	Water sports Boating Swimming (public/private pool) Camping Bushwalking Fishing

4. Exposure to infected water (30 days before symptoms onset)

Was there heavy rainfall near place of residence/work?	Yes No Don't know
Were there floods in the area of residence/work?	Yes No Don't know
History of consumption of untreated water	Yes No Don't know
Any contact with floodwater runoff or sewage	Yes No Don't know
History of bathing in irrigation water canal	Yes No Don't know
Practice of open defecation	Yes No Don't know

5. Exposure to animal products (for brucellosis)

Do you routinely consume milk?	Yes No Don't know
If yes, which animal's milk do you consume?	Cattle Goat
Do you routinely boil milk before consuming?	Yes No Don't know
Do you routinely consume curd?	Yes No Don't know
Do you routinely boil milk before making curd?	Yes No Don't know
Do you routinely consume butter?	Yes No Don't know
Do you routinely boil milk before making butter?	Yes No Don't know
Do you consume raw meat?	Yes No Don't know
Do you handle animal abortus, if required?	Yes No Don't know
How do you handle animal abortus?	Bare hands Gloved hands Don't remember
In the last month, did you handle any animal abortus? If yes, how?	

6. Other relevant history

History of travel	Yes No Don't remember If yes, details: Date of journey: Place: Duration of stay: Any of the above exposure there, if yes, details: _____
Any other case of similar illness in the family	

7. **Environmental survey:** Interviewer should conduct a thorough environmental and household survey for the presence of rodents/sanitation/standing water/flooding/cow dung storage in the house and mention the details here

8. Notes
