Supplementary material 1. The questionnaire used to receive clinico-epidemiological and immunological characteristics of rickettsioses clinically suspected patients

Request for IFA assays for suspected rickettsioses

Institution:..... Ward:..... BHT:..... Date:.....

Consultant:..... Contact No:..... H/Officer:.....

Patient Name:..... Age:..... M/F

Address:..... District:.....

Occupation: ..... Contact No: (Home)..... (Mobile).....

Fever Duration:..... days, Highest:..... Frequency:...../day

Headache: Y/ N; Frontal / Occipital / Patrietal Body aches: Neck/ Arms/ Legs/Back

Joint pains: Small Jts [Small] Jt (R/ L) Feet (R / L)] Wrist (R/ L) / Elbow (R/ L) /

Shoulder (R/L) / Ankle (R / L) / Knee (R/ L) / Hips (R / L) / Spine: Cx /Lumber

Cough: Y/N SOB: Y/N. Confusion: Y/N Fits: YIN Neck stiff Y/N

Rash: Y/N (Maculo-papular / Fern Leaf): UL / LL, Thorax / Back / Face /Palms / Soles)

Diarrhea: Y/N if Yes: Date of onset in relation to fever:.....

Any psychiatric manifestation: Y/N if yes:.....

Eschar: Y/N Site:..... Number:.....

LN: Cx/Axilla/Inguinal: other:..... L: Y/N:..... cm SP: Y/N

Pulse:..... BP:...../..... mmHg Tinnitus: Y/N, Deafness: Y/N

Fundoscopy: Papillodema: Y/L, Haemorrhages: Y/N, Exudates: Y/N, Eshcar Bx: Y/N

WBC:...../mm^3 : N..... % L:..... ESR:..... 1^{st} Hr, CRP:..... iu/L

Platelet:..... SGPT:..... Iu/L, SGOT:..... Iu/L UFR: RBC:.....

Protein:..... ECG:.....

Chest X ray:.....

Other:.....

Contact: Rats/Dogs/Cattle/other:..... Sleep: Floor/Scrub land/Sand

Recent visits:..... Tick Exposure: Y/N