

## Appendix II: Questionnaire for Family Interview

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Please note that this questionnaire has 17 pages and contains 8 parts:

**Part A:** Demographic information about the patient

**Part B:** Summary of patient's neurological admission, including history of preceding respiratory symptoms

**Part C:** Review of child's general health

**Part D:** Child's surroundings and household contacts in the week before illness

**Part E:** Family and friend visits in the week before illness

**Part F:** Childcare or healthcare worker visits in the week before illness

**Part G:** Other information

Interview form for \_\_\_\_\_ (please insert infant's name)

Date of interview: \_\_\_\_\_ (MM/DD/YYYY)

Name of interviewer: \_\_\_\_\_

Interviewer's institution: \_\_\_\_\_

Primary interviewee (eg mother): \_\_\_\_\_

Phone number to call: \_\_\_\_\_ Home

\_\_\_\_\_ Cell

\_\_\_\_\_ Work

\_\_\_\_\_ Other

Secondary interviewee (eg father): \_\_\_\_\_

Phone number to call: \_\_\_\_\_ Home

\_\_\_\_\_ Cell

\_\_\_\_\_ Work

\_\_\_\_\_ Other

When initiating the interview, please use the following paragraph:

Hello, my name is \_\_\_\_\_, and I am a \_\_\_\_\_ at the \_\_\_\_\_.

Along with the Colorado Children's Hospital, Colorado state health departments, and Centers for Disease Control and Prevention, we are investigating recent cases of patients admitted with neurological symptoms after experiencing respiratory symptoms. I understand that your son/daughter \_\_\_\_\_ was recently hospitalized. Is that correct?

I'm calling today to ask if you would be willing to answer a few questions regarding your son's/daughter's recent illness. It should take about 15 minutes. We are hoping to understand more about what happened around the time of the illness. We hope that this will help us to understand their symptoms better and the potential causes. Are you willing to speak with me today about this?

Yes: That's great, thank you very much.

No: Is there a more convenient time for me to call you back?

Call back time: Day: \_\_\_\_\_ Time: \_\_\_\_\_

No: Is there anyone else in the house that is able to talk with me today?

Was consent given? Yes No

Final interview was conducted with: \_\_\_\_\_

Relationship to infant (case patient): \_\_\_\_\_

**Part A: Case-patient demographic information**

Patient's First Name: \_\_\_\_\_

Patient's Last (Family) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)      Sex:    Female    Male    Unknown

First name of first parent/guardian: \_\_\_\_\_

Last (Family) name of first parent/guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

Residence address: \_\_\_\_\_

\_\_\_\_\_

First name of second parent/guardian: \_\_\_\_\_

Last (Family) name of second parent/guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

Residence address: \_\_\_\_\_

\_\_\_\_\_

**Part B: Summary of patient's illness**

I will now ask a few questions about your son's/daughter's illness.

Date of first symptoms: \_\_\_\_\_ (MM/DD/YYYY)

What symptoms did your son/daughter first show? Please include any symptoms occurring in the month prior to their neurological symptoms.

Please describe any other symptoms that followed and when they occurred:

Was he/she at home when the illness began?    Yes   No   Unknown

If no, where was he/she? \_\_\_\_\_

Did you seek medical care for any of these symptoms at a doctor's office, clinic or urgent care center before your son/daughter was admitted to hospital?    Yes   No

If yes, please give details (where, when, name of physician etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you take him/her to hospital? \_\_\_\_\_ (MM/DD/YYYY)

Hospital name: \_\_\_\_\_

Hospital floor and room number: \_\_\_\_\_

Admitting physician's name: \_\_\_\_\_

Were they transferred to another hospital?    Yes   No   Unknown

If yes, transfer date: \_\_\_\_\_ (MM/DD/YYYY)

If yes, receiving hospital name: \_\_\_\_\_

If yes, doctor's name: \_\_\_\_\_

**Part C: Review of patient's general health**

Before your son/daughter became ill and required admission, was he/she on any medications?

Medication	For what reason?	Date Started (MM/DD/YYYY)	Date stopped (MM/DD/YYYY)

Before this illness, did you take your son/daughter to the hospital for any reason? Yes No

Before this illness, did you take your son/daughter to an outpatient clinic? Yes No

If yes to either, please describe (dates/hospitals/symptoms/providers):

#### **Part D: Patient's surroundings and household contacts in the week before illness**

I would now like to ask you some questions about who your son/daughter might have had close contact with in the week before their illness.

Does your child (who was ill) attend day care? Yes No Unknown

Does your child (who was ill) attend after school programs? Yes No Unknown

If yes to either, please describe the frequency of attendance, location/setting, the approximate number of other children at the setting and the age of the other children at the setting:

**If speaking to the mother, please skip to Person 2, under household contacts**

Now I would like to ask you about the people who may have had contact with your child, starting with yourself:

**Person 1**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to infant: \_\_\_\_\_

Occupation: \_\_\_\_\_

Were you ill in the week before your son/daughter became ill? Yes No Unknown  
(please ask specifically about respiratory and diarrheal symptoms)

If yes, what kind of symptoms did you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, did you receive any treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Household contacts**

Could you now please describe the other members of your household, including both adults and children:

**Person 2**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
(please ask specifically about respiratory and diarrheal symptoms)

If yes, what kind of symptoms did they have? \_\_\_\_\_  
\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_



\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Person 3**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
*(please ask specifically about respiratory and diarrheal symptoms)*

If yes, what kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Person 4**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
*(please ask specifically about respiratory and diarrheal symptoms)*

If yes, what kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Person 5**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
*(please ask specifically about respiratory and diarrheal symptoms)*

If yes, what kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Person 6**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
*(please ask specifically about respiratory and diarrheal symptoms)*

If yes, what kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Person 7**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

Were they ill in the week before your son/daughter became ill? Yes No Unknown  
*(please ask specifically about respiratory and diarrheal symptoms)*

If yes, what kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

If yes, did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

If yes, did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

**Part E: Family and friend visits in the week before illness**

Were there any other family members or close friends who appeared unwell and who visited the patient in the week prior to onset of illness? Or that you went to visit? Please include children too.

**Person 8**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please include details in the next person below

**Person 9**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please include details in the next person below

**Person 10**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_  
\_\_\_\_\_

Do you know if they had any ill family members or friends?    Yes   No   Unknown  
If yes, please include details in the next person below

**Person 11**

Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_  
\_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_  
\_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_  
\_\_\_\_\_

Do you know if they had any ill family members or friends?    Yes   No   Unknown  
If yes, please include details in the next person below

**Person 12**

Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_  
\_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_  
\_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please include details in the next person below

**Person 13**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Occupation or school/preschool/day care: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please continue overleaf

**Part F: Childcare or healthcare worker visits in the week before illness**

Were there any childcare or healthcare worker contacts who appeared unwell, in the week before illness? (e.g. babysitter, pediatric provider)

**Person 14**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

What kind of symptoms did the visitor have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends?    Yes    No    Unknown  
If yes, please include details in the next person below

**Person 15**

Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

Do you know if they had any ill family members or friends?    Yes    No    Unknown  
If yes, please include details in the next person below

**Person 16**

Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please include details in the next person below

**Person 17**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Where did you see them? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

What kind of symptoms did they have? \_\_\_\_\_

\_\_\_\_\_

Did they seek medical care and where? \_\_\_\_\_

\_\_\_\_\_

Did they receive any treatment? \_\_\_\_\_

\_\_\_\_\_

Do you know if they had any ill family members or friends? Yes No Unknown  
If yes, please continue overleaf



**Part G: Other information**

Is there any other information that you feel may be important or unusual, with regard to your son's/daughter's illness or stay in hospital:

Thank you very much for taking the time to speak with me today. Your interview has been extremely useful and we hope it will help us to better understand the current situation.

We might need to contact you again in the future to ask some more questions about this. Would it be OK if I (or my colleagues) contacted you? Yes No

Thanks again, good bye.

**End of interview form**