

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) |
|------------|------------------|------------------------------|------------------------------|
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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