

**Undetermined agent, source, mode of transmission, and risk factors for Guillain-Barré  
Syndrome in the setting of Zika virus transmission— Colombia, 2016**

**Case Control Investigation Questionnaire**

Investigation ID Number COL- \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Case  Control

The ID number begins with the 2 digit case number (for example COL01) followed by an "A" for the case patient, a "B" for the first control, a "C" for the second control, and a "D" for the third control. For example, the second control subject matched for case number 8 would be labeled "COL-08-C."

Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYYNeuro Symptom Onset Date for Case \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY**The following questions are to be asked of cases AND controls during the interview:**1. Current Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
(Street) (Town) (Province) (District)2. Onset Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
(for cases only if different from above; where cases spent most nights in the 2 months prior to neuro onset)

3. GPS Coordinates (Onset for cases; current for controls): \_\_\_\_\_. \_\_\_\_\_ S, \_\_\_\_\_ E

4. Sex:  Male  Female5. Race:  White  Brown  Indigenous  Black/African decent  Yellow  Other: \_\_\_\_\_

6. Age when cases developed first neuro symptoms (or equivalent date for controls): \_\_\_\_ Years

7. What is your occupation? \_\_\_\_\_

8. Have you ever been told by a clinician that you have any of the following medical conditions?

- Diabetes  High blood pressure  Heart disease  High cholesterol  
 Stroke  Kidney disease  Liver disease  Rheumatologic disease  
 Asthma  COPD  Cancer  Surgery (within 2 months of symptom onset)

 Other neurologic illness: \_\_\_\_\_ Take any medication or have any condition that might impact your ability to fight infections (e.g. prednisone):  
\_\_\_\_\_

9. a. In the 2 months prior to \_\_\_\_/\_\_\_\_/\_\_\_\_ (neuro onset date for case), have YOU been sick at all?

 Yes  No  Unknown

b. If so, when did you first feel sick? \_\_\_\_/\_\_\_\_/\_\_\_\_

c. If so, what symptoms did you have (check all that apply)?

- Fevers  Chills  Nausea or Vomiting  Diarrhea  
 Muscle pains  Joint pains  Skin rash  Abnormally red eyes  
 Headache  Pain behind eyes  Stiff neck  Confusion  
 Abdominal pain  Coughing  Runny nose  Sore throat  Calf pain  
 Pruritus

d. If so, did you see a doctor or go to the hospital for this illness?

Yes  No  Unknown

Which doctor? \_\_\_\_\_ Which hospital? \_\_\_\_\_

e. If so, did they draw any blood for testing?  Yes  No  Unknown

10. a. In the 2 months prior to \_\_\_\_/\_\_\_\_/\_\_\_\_ (neuro onset date for case), has anyone in your HOUSEHOLD been sick at all?

Yes  No  Unknown

b. If so, when did the first household member become sick? \_\_\_\_/\_\_\_\_/\_\_\_\_

c. If so, what symptoms did any household members have (check all that apply)?

- Fevers  Chills  Nausea or Vomiting  Diarrhea  
 Muscle pains  Joint pains  Skin rash  Abnormally red eyes  
 Headache  Pain behind eyes  Stiff neck  Confusion  
 Abdominal pain  Coughing  Runny nose  Sore throat  Calf pain  
 Pruritus

11. Which vaccinations have you received and when?

Information verified on vaccine card  Information provided verbally

Vaccine	Number of doses	Date of final dose
a. Hep B	_____	____/____/____
b. HPV	_____	____/____/____
c. Yellow fever	_____	____/____/____
d. MMR	_____	____/____/____
e. DT	_____	____/____/____
f. DtaP	_____	____/____/____
g. Influenza	_____	____/____/____
h. Other vaccines (e.g. rabies, 23-pneumo, Japanese encephalitis, etc.):	_____	____/____/____
	_____	____/____/____

12. Since October 2015, what pets, farm, or other animals have lived in your house or on your property (check all that apply)?

Dogs  Cats  Mice/rats  Pet birds  Pet lizards /turtles  
 Goats  Sheep  Cows  Chickens  Pigs  Other \_\_\_\_\_

13. Since October 2015, how often have you gotten your drinking water from the tap?

Almost always (>75%)  Often (25-75%)  Rarely (<25%)  Never (0%)

If ever, was the water boiled or treated?  Yes  No  Unknown

14. Since October 2015, how often have you gotten your drinking water from a well or river/stream/pond?

Almost always (>75%)       Often (25-75%)       Rarely (<25%)       Never (0%)

If ever, was the water boiled or treated?  Yes       No       Unknown

15. In 2015, how often do you walk around barefoot outside?

Almost always (>75%)       Often (25-75%)       Rarely (<25%)       Never (0%)

16. In 2015, have you swam or waded in a freshwater river, stream, or pond?

Daily       Weekly       Monthly       Rarely (<once per month)       Never

17. In 2015, do you recall being bitten by a mosquito?  Yes       No       Unknown

18. How much time do you spend outdoors each day?

<1 hour       1-4 hours       5-8 hours       >8 hours

19. Do you normally wear insect repellent?

Almost always (>75%)       Often (25-75%)       Rarely (<25%)       Never (0%)

20. Do you leave the windows open at your house?

Yes, during the day       Yes, at night       Yes, all times       Windows are not left open at this house

21. How many of your windows or doors have intact screens?

All of them       Some of them       None of them

22. Does your home use any of the following for air conditioning (check all that apply)?

Local air conditioning (at least 1 room)       Fans       None

23. How often do you have sources of standing water around the outside of your house (e.g. buckets, water storage/cistern, septic tank, pond)?

Daily       2-3 times/week       Once/week       Every other week       Never

24. Since October 2015, have you slaughtered any animals?  Yes       No       Unknown

Which? \_\_\_\_\_

25. Since October 2015, have you handled any dead animals?  Yes       No       Unknown

Which? \_\_\_\_\_

26. In 2016, have you eaten or drunk any of the following foods at least once per week (check all that apply)?

Beef       Lamb       Chicken       Fish       Shellfish  
 Milk       Cheese       Yogurt       Fresh salad / uncooked greens

27. In 2016, did you eat any of the following foods raw or undercooked (check all that apply)?

Beef       Lamb       Chicken       Fish       Shellfish

28. Hughes Disability Score: (Date recorded \_\_\_ / \_\_\_ / \_\_\_)

Hughes Disability Score (0 to 6): \_\_\_\_\_  Unknown

[0 = Complete recovery; no sequelae, 1 = Minor symptoms and capable of running, 2 = Able to walk 10 metres or more without assistance but unable to run, 3 = Able to walk 10 metres with help, 4 = Bedridden or chairbound (unable to walk 10 meters with help), 5 = Requiring assisted ventilation for at least part of the day, 6 = Dead]