Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/2016

Chart Abstraction Questionnaire for the Investigation of Severe Neurologic Illness in Relation to Arboviral Infections

GBPSS Case Number: ________ Brighton Level: __________ Final diagnosis: ________________________________
Case-Control ID (if applicable): ___ ___ - A

Chart Abstractor: _____________________________ Abstraction Date: __ __ /__ __ /________
MM DD YYYY
MRN: _____________________________
Hospital: _____________________________

1. First name: ________________________________ Middle name: _______________________________
2. Paternal name: _____________________________ Maternal name: _____________________________
3. Age (years): _______________________________ Date of birth: __ __ /__ __ /________
MM DD YYYY

4. Sex: ☐ Male ☐ Female
5. Patient address: ____
6. Patient zip code: ____ ____ ____ ____ ____
7. Patient phone number: _______________________
8. Date of admission: __ __ /__ __ /________ Date first sought care: __ __ /__ __ /________
MM DD YYYY MM DD YYYY

Date of discharge/death: __ __ /__ __ /________
MM DD YYYY

9. Discharged to:

☐ Home (with outpatient PT: Yes / No) ☐ Rehab/skilled nursing facility ☐ Hospice

☐ Transferred (specify hospital) _________________ ☐ Died ☐ Other (specify) ________________

10. Health insurance: ☐ Reforma/SSS ☐ Private ☐ Veteran's ☐ None ☐ Other (specify) _______________

CURRENT ILLNESS

11. How long from onset until hospital admission? __________minutes/hours/days/weeks

12. What were the initial neurologic symptoms within the three days prior to illness onset? (check all that apply, signs from PE, symptoms from HPI)

☐ Leg weakness ☐ Arm weakness ☐ Diplopia/Ophthalmoplegia

☐ Leg numbness/paresthesias ☐ Arm numbness/paresthesias ☐ Face numbness/paresthesias

☐ SOB / respiratory distress ☐ Gait imbalance (not weakness)/ataxia ☐ Hand clumsiness/ataxia

☐ Hyporeflexia/areflexia ☐ Dysarthria ☐ Dysphagia ☐ Dysautonomia

☐ Face weakness (circle: unilateral or bilateral)

13. What neurologic symptoms occurred AT ANY TIME during the neuro illness? (check all that apply, signs from PE, symptoms from HPI)

☐ Leg weakness ☐ Arm weakness ☐ Diplopia/Ophthalmoplegia

☐ Leg numbness/paresthesias ☐ Arm numbness/paresthesias ☐ Face numbness/paresthesias

☐ SOB / respiratory distress ☐ Gait imbalance (not weakness)/ataxia ☐ Hand clumsiness/ataxia

☐ Hyporeflexia/areflexia ☐ Dysarthria ☐ Dysphagia ☐ Dysautonomia

☐ Face weakness (circle: unilateral or bilateral

GBPSS Case Number: __________ Brighton Level: ____________

14. Were motor deficits present? ☐ Yes ☐ No ☐ Unknown If so, describe:__________________________

15. Date of maximum/worst neuro symptoms: __ __ /__ __ /________
MM DD YYYY

16. At the worst point during this neuro illness, check all that apply for the patient:

☐ Unable to walk without assistance ☐ Unable to walk at all ☐ Admitted to the hospital

☐ Admitted to the ICU/CCU ☐ Intubated ☐ Coma

17. Was there documented hyporeflexia/areflexia? ☐ Yes ☐ No ☐ Unknown

18. Was there documentation of upper motor neuron signs?

☐ Hyperreflexia ☐ Increased tone/spasticity ☐ Babinski/Hoffman ☐ Sustained clonus

19. Was there any sensory level documented? ☐ Yes ☐ No ☐ Unknown

20. Did they receive any targeted treatment (IVIg/steroids/plasma exchange) for this neuro illness?

IVIg	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY
Plasma exchange	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY
Steroids	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY
Mechanical ventilation	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY
Acyclovir	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY
Other	☐ Yes	☐ No	☐ Unknown	Start date	__ __ /__ __ /________ MM DD YYYY

21. Did the patient receive blood transfusion/blood products (other than IVIg)?

☐ Yes ☐ No ☐ Unknown If so, which: ______________ Start date __ __ /__ __ /________
MM DD YYYY

LABORATORY, IMAGING, AND ELECTROPHYSIOLOGIC STUDIES

22. If any blood was taken for this neurologic illness, please fill out the following for the INITIAL blood draw:

Date __ __ /__ __ /_______ WBC ____ HgB____ Plts _____ Na ____ K____
MM DD YYYY

BUN ____ Cr ______ Glucose____ TBili____ AST ____ ALT____ AlkPhos ___

GBPSS Case Number: __________ Brighton Level: ____________

23. Was a lumbar puncture (LP) done? ☐ Yes ☐ No ☐ Unknown

LP date ___/____/____ RBCS _______ WBCS ______ Protein (mg/dL)______ Glucose (mg/dL) _______
MM DD YYYY

Differential________________________IgG index______ Oligoclonal bands______ IgG synthesis___________

Opening pressure ___________________

Was an additional lumbar puncture (LP) done? ☐ Yes ☐ No ☐ Unknown

LP date ___/____/____ RBCS _______ WBCS ______ Protein (mg/dL)______ Glucose (mg/dL) _______
MM DD YYYY

Differential________________________IgG index______ Oligoclonal bands______ IgG synthesis___________

Opening pressure ___________________

24. Were any of the following pathogens tested for? If so, what was the result? (including specimen and type of test)

a. *Campylobacter jejuni* ☐ Yes ☐ No Result: _____________________________________

b. *Mycoplasma pneumoniae* ☐ Yes ☐ No Result: _____________________________________

c. *Haemophilus influenzae* ☐ Yes ☐ No Result: _____________________________________

d. *Salmonella spp.* ☐ Yes ☐ No Result: _____________________________________

e. Cytomegalovirus (CMV) ☐ Yes ☐ No Result: _____________________________________

f. Epstein-Barr virus (EBV) ☐ Yes ☐ No Result: _____________________________________

g. Varicella-zoster virus (VZV) ☐ Yes ☐ No Result: _____________________________________

h. Human immunodeficiency virus (HIV) ☐ Yes ☐ No Result: _____________________________________

i. Herpes simplex virus (HSV) ☐ Yes ☐ No Result: _____________________________________

j. Enterovirus / Rhinovirus ☐ Yes ☐ No Result: _____________________________________

k. Arboviruses ☐ Yes ☐ No Result: _____________________________________

l. Cryptococcus ☐ Yes ☐ No Result: _____________________________________

m. Toxoplasmosis ☐ Yes ☐ No Result: _____________________________________

n. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

o. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

p. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

q. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

r. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

s. Other: __________________________ ☐ Yes ☐ No Result: _____________________________________

GBPSS Case Number: __________ Brighton Level: ____________

25. Was neuro imaging done? If so, what was the result? (Transcribe the impression)

☐ Yes ☐ No Result: ____

____ Date __ __ /__ __ /________
MM DD YYYY

26. Were electro-diagnostics done (e.g. EMG)? If so, what were the results? (Transcribe the impression)

☐ Yes ☐ No Result: ____

____ Date __ __ /__ __ /________
MM DD YYYY

27. What was the GBS Brighton level? 1 2 3 4 5

ANTECEDENT ILLNESS

28. **a.)** In the 2 months prior to neuro onset date, did the individual experience an acute illness?

☐ Yes ☐No ☐ Unknown

How long from prior acute illness onset until admission for neuro illness? _________ minutes/hours/days/weeks

29. **b.)** What symptoms did they report having or what signs were noticed? (check all that apply)

☐ Fevers ☐ Chills ☐ Nausea or Vomiting ☐ Diarrhea

☐ Muscle pains ☐ Joint pains ☐ Skin rash ☐ Conjunctivitis

☐ Headache ☐ Pain behind eyes ☐ Stiff neck ☐ Confusion ☐ Back pain

☐ Abdominal pain ☐ Coughing ☐ Runny nose ☐ Sore throat ☐ Calf pain

c.) If any blood was taken for this acute illness, please fill out the following for the INITIAL blood draw:

Date __ __ /__ __ /________ WBC ____ HgB____ Plts _____ Na ____ K____
DD MM YYYY

BUN ____ Cr ______ Glucose____ TBili____ AST ____ ALT____ AlkPhos ___

d.) Were they hospitalized for this acute illness? ☐ Yes ☐ No ☐ Unknown

e.) Did they receive any blood products / IVIg for this illness? ☐ Yes ☐ No ☐ Unknown

What product? ______________________ Date? __ __ /__ __ /________
MM DD YYYY

g.) Did they receive plasmapheresis / plasma exchange for this illness? ☐ Yes ☐ No ☐ Unknown

If yes, date? __ __ /__ __ /________
MM DD YYYY

30. Is there a test result available for dengue from this medical visit? ☐ Yes ☐ No ☐ Unknown

31. Is there a test result available for chikungunya from this medical visit? ☐ Yes ☐ No ☐ Unknown

32. Is there a test result available for Zika from this medical visit? ☐ Yes ☐ No ☐ Unknown

33. What medical conditions are listed in the admission history and physical (H&P)?

PAST MEDICAL, SOCIAL, AND FAMILY HISTORY

GBPSS Case Number: ___________ Brighton Level: _____________

☐ Hypertension ☐ Diabetes ☐ HIV ☐ Syphilis ☐ Autoimmune disorder_____________

☐ B12 deficiency ☐ Hemoglobinopathy ☐ Prior GBS ☐ Cancer _________________________

34. What conditions are listed in family history of H&P?

☐ Autoimmune disorder (specify): ____________________ ☐ Cancer (specify): ______________________

☐ Hemoglobinopathy (specify): ______________________ ☐ Neuro (specify): ________________________

35. What social conditions are listed in admission H&P?

☐ Alcohol use ☐ Drug use ☐ Tobacco ☐ Other __________________________

36. Did the patient receive a vaccine in the previous 6 months? ☐ Yes ☐ No ☐ Unknown

If yes, vaccine: __________________ Date of vaccination: __ __ /__ __ /_________

MM DD YYYY

OTHER NEUROLOGIC CONDITIONS

37. What other neurologic conditions were identified by the provider?

☐ ADEM ☐ CIDP ☐ Encephalitis ☐ Encephalomyelitis ☐ Facial paralysis

☐ Meningoencephalitis ☐ Myasthenia gravis ☐ Myelitis ☐ Myelopathy

☐ Multiple sclerosis (MS) ☐ Neuropathy ☐ Optic neuritis ☐ Paresthesia

☐ Papilledema ☐ Transverse myelitis ☐ Sensory motor peripheral neuropathy

☐ Stroke ☐ Other: ____

38. Additional signs or symptoms not already noted:

☐ Agitation	☐ Altered lacrimal gland secretion	☐ Altered mental status	☐ Altered salivary gland secretion
☐ Aphasia	☐ Confusion	☐ Drooping corner of mouth	☐ Eye pain
☐ Eyebrow sagging	☐ Fatigable chewing	☐ Fever	☐ Headache
☐ Inability to close eye	☐ Irritability	☐ Lethargy	☐ Lower extremity dysthesesia
☐ Loss of taste anterior 2/3 of tongue	☐ Memory loss	☐ Nausea	☐ Nasolabial fold disappearance
☐ Nuchal rigidity	☐ Nystagmus	☐ Oculomotor deficits	☐ Personality changes
☐ Ptosis	☐ Seizures	☐ Sensory deficits: ______________________	☐ Somnolence
☐ Transient visual obscuration	☐ Tremors	☐ Upper extremity dysthesesia	☐ Urinary retention
☐ Vision loss	☐ Vomiting	☐ Other: _________________	☐ Other: ___________________