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

Case-Control Study Questionnaire for the Investigation of Severe Neurologic Illness in Relation to Arboviral Infections

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Study ID Number PR- ____ ____ - ____ ☐ Case ☐ Control

The ID number begins with the 2 digit case number (for example PR01) followed by an "A" for the case patient, a "B" for the first control, and a "C" for the second control. For example, the second control subject matched for case number 8 would be labeled "PR-08-C."

Interviewer: _____ Date of Interview: __ __ /__ __ /_____
MM DD YYYY

Neuro Symptom Onset Date for Case __ __ /__ __ /_____
MM DD YYYY

Insert onset date into questions 10 and 11.

This questionnaire was conducted on: ☐ Directly with case or control ☐ Indirectly

If indirectly, with whom? _____

The following questions are to be asked of cases AND controls during the interview.

Background and Demographics

1. Name: _____
Name Initial Last Name Maiden Name

2. a) Date of birth : __ __ /__ __ /_____ Place of Birth: _____
MM DD AAAA

3. Phone numbers : _____

4. ¿Are you a minor? ☐ Yes ☐ No

   If the answer is "Yes," name of father or legal guardian:

   _____
   Name Initial Last Name Maiden Name

5. Current Address:
   _____/_____/_____
   (Street) (Municipality) (Zip Code)

6. Postal Address:
   _____/_____/_____
   (Street) (Municipality) (Zip Code)

7. Onset Address: _____/_____/_____/_____
   (*for cases only if different from above; where cases spent most nights in the 2 months prior to neuro onset*)

8. GPS Coordinates (onset for cases; current for controls): __ __. __ __ __ __ __ N, __ __ __. __ __ __ __ __ W

9. Sex: ☐ Male ☐ Female

10. a) Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No ☐ Don't know ☐ Decline to answer

    b) Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Hawaiian/Pacific Islander ☐ White
    ☐ Other: _____ ☐ Decline to answer

11. Age when case developed first neuro symptoms (or equivalent date for controls): _____ years

12. What is your occupation? _____

13. What form of health insurance do you have? ☐ Reforma/SSS ☐ Private ☐ Veteran's ☐ Other ☐ None

a) ¿Es usted de origen hispano o latino? ☐ Sí ☐ No ☐ No sabe ☐ Se niega a responder

b) Raza: ☐ Indoamericana/nativa de Alaska ☐ Asiática ☐ Negra
☐ Hawaiana/isleña del Pacífico ☐ Blanca ☐ Otra: _____
☐ Se niega a responder

14. Edad en la que el caso presentó los primeros síntomas neurológicos (o fecha equivalente para los controles)
__ __M /__ __ D/_____A _____ años

15. ¿En qué trabaja? _____

16. ¿Qué tipo de seguro médico tiene? ☐ Reforma/SSS ☐ Privado ☐ Veteranos ☐ Otro ☐ Ninguno

Medical History

17. 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 ☐ Cancer ☐ Chronic obstructive pulmonary disease (COPD)
☐ Surgery (within 2 months of date of symptom onset) ☐ Other neurologic illness:_____

18. Do you take any medication (e.g., prednisone) or have any condition that might impact your ability to fight infections (e.g., immunological disorder):

☐ Yes ☐ No If yes, please list: _____

19. a) In the 2 months prior to __ __ /__ __ / 2016 (neuro onset date for case), have YOU been sick at all?

☐ Yes ☐ No ☐ Unknown

b) If so, when did you first feel sick? __ __ /__ __ /_____
MM DD YYYY

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

☐ Fever ☐ 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

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

f) If so, were any other body fluids tested? ☐ Yes ☐ No ☐ Unknown

If yes, which? ☐ Urine ☐ Saliva ☐ Other_____

20. a) In the 2 months prior to __ __ /__ __ / 2016 (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? __ __ /__ __ /_____
MM DD YYYY

c) If so, what symptoms did this household member have (check all that apply)?

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

21. I would like to ask you some questions about vaccination. Do you have a vaccination record available?

☐ Yes and shown to interviewer ☐ Yes, but not shown ☐ Information provided verbally

22. Which vaccinations have you received and when?

a) In the last 2 months, did you receive the influenza vaccine? ☐ Yes ☐ No ☐ Unknown

If yes, when? __ __ / __ __ /_____
MM DD YYYY

b) Which other vaccinations have you received and when? __ __ / __ __ /_____
MM DD YYYY

☐ Vacunas en la niñez (no recuerdo cuáles)

i.) MMR	__ __/__ __/_____	Additional doses: _____
ii.) Polio	__ __/__ __/_____	_____
iii.) Yellow fever	__ __/__ __/_____	_____
iv.) BCG	__ __/__ __/_____	_____
v.) DTaP	__ __/__ __/_____	_____
vi.) HIB	__ __/__ __/_____	_____
vii.) Pneumococcal	__ __/__ __/_____	_____
viii.) Meningitis	__ __/__ __/_____	_____
ix.) Hep B	__ __/__ __/_____	_____
x.) Zoster/Shingles	__ __/__ __/_____	_____

x.) Other vaccines (e.g. rabies, Japanese encephalitis, etc.):
Which? _____ __ __/__ __/_____

Behavior and Environmental Exposures

For the remaining questions, I will ask about practices and behaviors over the past two months. Please think back over the past 2 months when answering to them.

23. What pets or other animals (e.g., farm animals) have lived in your house or on your property (check all that apply)?

☐ Dogs ☐ Cats ☐ Mice/rats ☐ Pet birds ☐ Reptiles/amphibians
☐ Goats ☐ Sheep ☐ Cows ☐ Chickens ☐ Pigs

☐ Other _____

24. 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

25. 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

26. How often do you walk around barefoot outside?

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

27. Have you swam or waded in a freshwater river, stream, or pond?

☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely (<once per month) ☐ Never

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

☐ <1 hour ☐ 1–4 hours ☐ 5–8 hours ☐ >8 hours

29. Do you recall being bitten by a mosquito? ☐ Yes ☐ No ☐ Unknown

30. Do you normally wear insect repellant when outside?

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

31. 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

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

☐ All of them ☐ Some of them ☐ None of them

33. Does your home use any of the following for air conditioning?

☐ Central air conditioning ☐ Local air conditioning (1–2 room) ☐ None

34. 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

35. Have you slaughtered animals and/or handled any dead animals?

☐ Yes ☐ No ☐ Unknown

If yes, which? _____

36. 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

37. Did you eat any of the following foods raw or undercooked (check all that apply)?

☐ Beef ☐ Lamb ☐ Chicken ☐ Shellfish ☐ Fish (including ceviche)