**Attachment 3: Zika Virus Disease Enhanced Surveillance – Neurologic symptoms associated with Zika virus disease**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographic Information** | | | | | | | | | | |
| Case ID (ArboNET):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Control for Case ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age: \_\_\_\_\_\_ 🞏 Years 🞏 Months 🞏 Days Sex: 🞏 Male 🞏 Female  Pregnant: 🞏 Yes 🞏 No 🞏 Unknown Est Date Delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Last Menstrual Period: \_\_\_\_/\_\_\_\_/\_\_\_\_  Race (*Select all appropriate):*  🞏 American Indian or Alaska Native 🞏 Asian 🞏 Black or African American  🞏 Native Hawaiian or Other Pacific Islander 🞏 White 🞏 Other 🞏 Unknown  Ethnicity: 🞏 Hispanic or Latino 🞏 Not Hispanic or Latino 🞏 Unknown  Imported From: 🞏 Not Imported 🞏 Acquired Out of State 🞏 Acquired Out of Country 🞏 Unknown  Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other possible exposures: 🞏 Sexual 🞏 Breastfeeding 🞏 Blood products 🞏 Organs | | | | | | | | | | |
| **Past Medical History** | | | | | | | | | | |
| Hypertension | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Heart disease | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Diabetes mellitus | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Asthma/respiratory disease | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| COPD | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Autoimmune disorder | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Cancer | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Other immune deficiency | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Liver/hepatic disease | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Kidney/renal disease | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Thyroid disease | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Seizure disorder | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Other neurologic disease | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Tobacco use | | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Current 🞏 Past | | | | | | | | |
| Alcoholism | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | |
| Intravenous drug use | | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Current 🞏 Past | | | | | | | | |
| Other medically important condition | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Pre-existing Medications and Treatments** | | | | | | | | | | |
| Medications to treat hypertension | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Medications to treat coronary heart disease | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Medications to treat congestive heart failure | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Chemotherapy | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Other treatments for cancer | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Medications that suppress the immune system | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Insulin or other meds to treat diabetes | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Hemodialysis | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Other treatments for kidney disease | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| Oral or injected steroids | | | | 🞏 Yes 🞏 No 🞏 Unk | | | | | | |
| **Clinical Information** | | | | | | | | | | |
| Illness onset date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | |
| Clinical syndrome: 🞏 Febrile illness 🞏 Encephalitis/meningoencephalitis 🞏 Meningitis 🞏 Acute flaccid paralysis  🞏 Guillain-Barré syndrome 🞏 Other neuroinvasive presentation 🞏 Other clinical | | | | | | | | | | |
| Case Status (ArboNET): 🞏 Confirmed 🞏 Probable | | | | | | | | | | |
| Fever | 🞏 Yes 🞏 No 🞏 Unk 🞏 Subjective 🞏 Measured (Max temperature: \_\_\_\_\_\_\_\_\_\_) | | | | | | | | | |
| Chills/Rigors | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Rash | 🞏 Yes 🞏 No 🞏 Unk Type: 🞏 Maculopapular 🞏 Petechial 🞏 Purpuric  🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pruritic: 🞏 Yes 🞏 No 🞏 Unk  Distribution:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Headache | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Retro-orbital pain | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Conjunctivitis | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Oral ulcers | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Nausea/Vomiting | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Diarrhea | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Arthralgia | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Arthritis | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Myalgia | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Sore throat | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Cough | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Lymphadenopathy | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Abdominal pain | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Edema | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Neurologic Symptoms** | | | | | | | | | | |
| Neurologic symptom onset date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ First neurologic symptom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| In 2 months preceding neurologic symptoms | 🞏 Gastrointestinal illness  🞏 Upper respiratory illness  🞏 Vaccinations If yes, list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Paresis/Paralysis | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location (affected limbs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Progression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Stiff Neck | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Photophobia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| **Neurologic Symptoms (continued)** | | | | | | | | | | |
| Ataxia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Altered mental status | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Seizures | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Paresthesia | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location (affected limbs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Progression:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Acute bilateral, progressive weakness | 🞏 Yes 🞏 No 🞏 Unk  If yes (all that apply): 🞏 Extremities 🞏 Facial 🞏 Extraocular muscles  Weakness starting in lower extremities and then ascending: 🞏 Yes 🞏 No 🞏 Unk  Maximal weakness/clinical nadir 12h–28d from neurologic onset: 🞏 Yes 🞏 No 🞏 Unk  Resolution: 🞏 Complete improvement 🞏 Partial improvement 🞏 No improvement  🞏 Unknown | | | | | | | | | |
| Impaired coordination | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Frequent stumbling or unsteady gait | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Problems with balance | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Uncontrolled or repetitive eye movements | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Trouble performing fine motor tasks | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| **Neurologic Symptoms (continued)** | | | | | | | | | | |
| Slurred speech or other vocal changes | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Behavioral or personality changes | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Dizziness | 🞏 Yes 🞏 No 🞏 Unk If yes: 🞏 Patient reported 🞏 Documented by healthcare provider  Onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolution: 🞏 Complete improvement 🞏 Partial improvement  🞏 No improvement 🞏 Unknown | | | | | | | | | |
| Reduced/absent deep tendon reflexes | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Autonomic instability | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Neuropathic pain | 🞏 Yes 🞏 No 🞏 Unk If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Alternative condition or possible diagnosis | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Neurologist diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Other: | | | | | | | | | | |
| **Outcomes** | | | | | | | | | | |
| Emergency department | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| Hospitalized | 🞏 Yes 🞏 No 🞏 Unk | | | | | Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge:\_\_\_\_/\_\_\_\_/\_\_\_\_  Days hospitalized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Multiple admissions: 🞏 Yes 🞏 No 🞏 Unk Number:\_\_\_\_\_\_\_\_\_\_ | | | | |
| ICU | 🞏 Yes 🞏 No 🞏 Unk | | | | | Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge:\_\_\_\_/\_\_\_\_/\_\_\_\_  Days in intensive care:\_\_\_\_\_\_\_\_\_\_ Intubation: 🞏 Yes 🞏 No 🞏 Unk | | | | |
| Admission diagnoses | Primary diagnosis or ICD 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Discharge diagnoses | Primary diagnosis or ICD 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Died | 🞏 Yes 🞏 No 🞏 Unk | | | | | Date of Death:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Causes of death: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Discharged to rehab | 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | |
| **Treatments Administered During Hospitalization** | | | | | | | | | | |
| Antimicrobials | | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Steroids/other immune modulating | | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Blood products | | | 🞏 Yes 🞏 No 🞏 Unk Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| IVIG | | | 🞏 Yes 🞏 No 🞏 Unk Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Zika Virus Test Results** | | | | | | | **Dengue Virus Test Results** | | | |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | | | | | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | | | | | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | | | | | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | |
| Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | | | | | Specimen collected: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Specimen Type: 🞏 Serum 🞏 CSF 🞏 Urine  Test: 🞏 IgM 🞏 PRNT 🞏 PCR/NAT 🞏 IHC 🞏 NS1  Result: 🞏 Positive 🞏 Negative 🞏 Equivocal  Performing Lab: 🞏 CDC 🞏 State PH 🞏 Commercial | | | |
| **Laboratory Tests** | | | | | | | | | | |
| CBC performed 🞏 Yes 🞏 No 🞏 Unk | | | | | | | | | | |
|  | Leukopenia *(<4,500)*  Thrombocytopenia *(<150,000)*  Leukocytosis *(>11,000)* | | | | | | 🞏 Yes 🞏 No 🞏 Unk  🞏 Yes 🞏 No 🞏 Unk  🞏 Yes 🞏 No 🞏 Unk | | Nadir:\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_  Nadir:\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_  Max:\_\_\_\_\_\_ ; Date:\_\_­­­­\_\_/\_\_\_/\_\_\_\_ | |
| Abnormal liver enzymes | AST: 🞏 Yes 🞏 No 🞏 Unk Max:\_\_\_\_\_\_\_; Date:\_\_­­­­\_\_/\_\_\_\_/\_\_\_\_  ALT: 🞏 Yes 🞏 No 🞏 Unk Max:\_\_\_\_\_\_\_; Date:\_\_­­­­\_\_/\_\_\_\_/\_\_\_\_ | | | | | | | | | |
| LP performed | 🞏 Yes 🞏 No 🞏 Unk | | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_  WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_  RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Protein:\_\_\_\_\_\_\_\_\_\_\_  Glucose:\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_  WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_  RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_  Protein:\_\_\_\_\_\_\_\_\_\_\_  Glucose:\_\_\_\_\_\_\_\_\_\_ | | Date:\_\_\_/\_\_\_\_/\_\_\_\_  WBC:\_\_\_\_\_\_\_\_\_\_\_\_\_  RBC:\_\_\_\_\_\_\_\_\_\_\_\_\_  Protein:\_\_\_\_\_\_\_\_\_\_\_  Glucose:\_\_\_\_\_\_\_\_\_\_ |
| MRI | 🞏 Yes 🞏 No 🞏 Unk | | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | | | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| CT | 🞏 Yes 🞏 No 🞏 Unk | | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | | | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| EMG/NCS | 🞏 Yes 🞏 No 🞏 Unk | | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | | | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consistent with GBS: 🞏 Yes 🞏 No 🞏 Unk  If yes: 🞏 Axonal (i.e., AMAN or AMSAN)  🞏 Mixed axonal and demyelinating  🞏 Demyelinating (i.e., AIDP)  🞏 Unknown subtype | | |
| Other test | 🞏 Yes 🞏 No 🞏 Unk | | | | Date:\_\_\_/\_\_\_\_/\_\_\_\_ | | | Abnormal results: 🞏 Yes 🞏 No 🞏 Unk  If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |