

Appendix 2. Guillain-Barre Syndrome Case Questionnaire

**Guillain-Barre Syndrome Case-control Study
Case Questionnaire**

Public reporting burden of this collection of information is estimated to average XX 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-XXXX)

12. In the week before the start of diarrhea, did you take any medications to decrease stomach acids?

These medications include Maalox, Pepto-Bismol, Ranitidine, Omeprazole, or many others.

0. No

7. DK

1. Yes



SKIP TO QUESTION #14

13. If yes,

Specify which medications: _____

Section 1: Exposures

Now I will ask some questions about things you have done, food and drinks you might have consumed during a period of time from ___/___/___ (7 days before the date in question 10) and ___/___/___ (the date in question 10)

14. Were you in [INSERT FIRST LOCATION] during these 7 days?

0. No

7. DK

1. Yes



Go to Question #19



Go to Question #15

15. If yes, how much time did you spend in [INSERT FIRST LOCATION] during these 7 days?

- 1. Less than an hour
- 2. 1-8 hours
- 3. More than 8 hours and less than 24 hours
- 4. More than 24 hours and less than 72 hours (3 days)
- 5. More than 72 hours (3days)

16. How often did you travel to [INSERT FIRST LOCATION] during these 7 days?

- 1. Daily
- 2. 1-2 times per week
- 3. More than twice per week
- 4. Lives in San Luis Rio Colorado → **Skip to Question #19**

17. What was the purpose of your travel to [INSERT FIRST LOCATION] during these days?

- 1. Visiting family or friends
- 2. Work
- 3. Other purpose (specify _____)

18. Please list neighborhoods in [INSERT LOCATION] that you visited during these 7 days. Do not include travel through these neighborhoods if you did not stop. (use the map to help identify the neighborhoods)

19. Did you spend time in [INSERT SECOND LOCATION] during these 7 days (circle answer)?

0. N  **Skip to Question #23**
7. DK

1. Yes  **Skip to Question #19**

20. How much time did you spend in [INSERT SECOND LOCATION] during these 7 days?

- 6. Less than one hour
- 7. 1-8 hours and less than 24 hours
- 8. More than 8 hours and less than 24 hours
- 9. More than 24 hours and less than 72 hours (3 days)
- 10. More than 72 hours (3days)

21. How often you visit [INSERT SECOND LOCATION] during these 7 days?

- 1. Daily
- 2. 1-2 times per week
- 3. More than twice per week
- 4. Lives in San Luis Rio Colorado → **Skip to Question #23**

22. What was the purpose of your travel to [INSERT SECOND LOCATION] during these days?

- 1. Visiting family or friends
- 2. Work
- 3. Other purpose (specify _____)

23. Did you travel to the following areas in [INSERT SECOND LOCATION] during these 7 days?

- [INSERT AREA 1] Yes No DK/NS → (Where? _____)
- [INSERT AREA 2] Yes No DK/NS → (Where? _____)
- [INSERT AREA 3] Yes No DK/NS → (Where? _____)
- [INSERT AREA 4] Yes No DK/NS → (Where? _____)
- [INSERT AREA 5] Yes No DK/NS → (Where? _____)
- [INSERT AREA 6] Yes No DK/NS → (Where? _____)

24. Did you travel anywhere else during these 7 days?

- 1. Yes (Where and When? _____)
- 0. No
- 7. DK
- 9. Refused

25. Did you attend an event where food or beverages were served to many people (e.g. parties, community functions, etc.) during these 7 days?

- 1. Yes (Where and When? _____)
- 0. No
- 7. DK
- 9. Refused

26. Do you know anyone else who had diarrhea in the week before or after you were sick with diarrhea?

1. Yes

0. No → **Go to Question #28**

PART 2. Water

During these 7 days, what were the sources of the water that you drank? For each source I will ask you if you drank it at home or away from home. This also includes water for preparing beverages.

28. Apart from your home and work, where else did you drink water (house of friends or family, school, etc.)? Place #1 _____ Place #2 _____

***If there are more than 2 house, please attach an additional page ***

| | Home | Work | Other place #1 | Other place #2 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| In what neighborhood is your...? | | | | | |
| In a normal day, how many glasses of water do you drink at this location? | _____glasses | _____ glasses | _____ glasses | _____ glasses | |
| Is the water you drink here from the tap? | Y N DK | Y N DK | Y N DK | Y N DK | |
| Is the water you drink here bottled water? | Y N DK | Y N DK | Y N DK | Y N DK | |
| Is the water you drink here from a 5 gallon container (garrafón) ? | Y N DK | Y N DK | Y N DK | Y N DK | |
| If yes, please record the following information -Brand of water -Name of vendor -Location of the store/kiosk <i>(if you don't know the location of the store, please specify neighborhood)</i> | #1 | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ |
| | #2 | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ |
| | #3 | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ |
| | #4 | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ | Brand: _____ Store: / Kiosk _____ Location (streets): _____ |

29. In these 7 days, where did you get any ice you consumed? (check all that apply)

- Did not consume ice
- Made from tap water
- From garrafón water
- Made from bottled water
- From a store
- Don't know
- Refused



30. In these 7 days, where did the water come from that you used to wash vegetables, fruits, or meat? (check all that apply)

- From tap water
- From garrafón water
- From bottled water
- Did not wash these things
- Don't know
- Refused

31. In these 7 days, where did the water come from that you used to brush your teeth? (check all that apply):

- From tap water
- From garrafón water
- From bottled water
- Don't know
- Refused

32. In these 7 days, did you consume a drink made with water (e.g. atole, lemonade, punch, etc.)

- 0. No 
- 7. DK 

Go to Question #34

1. Yes  **Go to Question #33**

33. In these 7 days, where did you get the water that you drank in your home?

- From tap water
- From garrafón water
- From bottled water
- Don't know
- Refused

34. In these 7 days, did the water in your house have a different flavor, odor, or appearance?

- 0. No
- 1. Yes →
- 7. DK/NS

35. Does water in your house usually have a bad flavor, odor, or appearance?
0. No
1. Yes → (describe[]: _____)
7. DK/NS
36. In these 7 days, did the water from the garrafón in your house have a different flavor, odor, or appearance?
0. No
1. Yes
2. No Garrafon
7. DK
37. In these 7 days, did you swim in fresh water like a lake, river, canal, or wash?
0. No → **Go to Question #39**
1. Yes
7. DK
38. If yes, where did you swim? (*Specify the city, country and body of water*)

39. *In these 7 days, did you visit, work, or stay at a ranch or farm?*
0. No → **Go to Question #41**
1. Yes → (Where _____)
7. DK
40. If yes, what animals were in the ranch or farm? (note all animals, including cows, horses, chickens, etc.)

41. Please answer "yes" or "no" if during these 7 days, you had contact with the following animals.
- | | | | |
|----------|-----|----|-------|
| Dog | Yes | No | DK/NS |
| Cat | Yes | No | DK/NS |
| Birds | Yes | No | DK/NS |
| Rabbits | Yes | No | DK/NS |
| Fish | Yes | No | DK/NS |
| Reptiles | Yes | No | DK/NS |
| Hamsters | Yes | No | DK/NS |
42. In these 7 days, did you eat food from a street vendor or truck?
0. No
1. Yes → (Name _____ Where _____)
7. DK

Food History

Please indicate for each of the food items listed below whether you ate it, maybe ate it, or did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ___/___/___ to ___/___/___.

| Food | Ate | Did not Eat | Maybe Ate | How Prepared | Brand or Variety | Name and location where it was purchased | Restaurant where it was eaten (name and location) |
|-------------------------------------------------------|-----|-------------|-----------|--------------|------------------|------------------------------------------|----------------------------------------------------|
| Eggs | | | | | | | |
| Milk | | | | | | | |
| Raw or unpasteurized milk | | | | | | | |
| Agulas Frescas (soft drinks made from water) | | | | | | | |
| Shaved ice | | | | | | | |
| Queso Fresco from raw or unpasteurized milk Y N DK | | | | | | | |
| Cream sauce | | | | | | | |
| Other cheese | | | | | | | |
| Chicken | | | | | | | |
| Beef | | | | | | | |
| Pork | | | | | | | |
| Fish | | | | | | | |
| Shrimp | | | | | | | |
| Shellfish (clams, oysters, etc.) | | | | | | | |
| Deli meat | | | | | | | |
| Other type of meat, | | | | | | | |

Case Data Collection Worksheet

Form Approved
 CDC ID: _____
 OMB No. 0920-XXXX
 Exp. Date XX/XX/XXXX

| Food | Ate | Did not Eat | Maybe Ate | How Prepared | Brand or Variety | Name and location where it was purchased | Restaurant where it was eaten (name and location) |
|--------------------------------------|-----|-------------|-----------|--------------|------------------|------------------------------------------|----------------------------------------------------|
| poultry, or fish | | | | | | | |
| FRUTUS | | | | | | | |
| Lemon/Lime | | | | | | | |
| Oranges | | | | | | | |
| Grapefruit | | | | | | | |
| Tangerines | | | | | | | |
| Pears | | | | | | | |
| Chicken | | | | | | | |
| Beef | | | | | | | |
| Pork | | | | | | | |
| Fish | | | | | | | |
| Shrimp | | | | | | | |
| Shellfish (clams, oysters, etc.) | | | | | | | |
| Deli meat | | | | | | | |
| Other type of meat, poultry, or fish | | | | | | | |
| FRUTUS | | | | | | | |
| Lemon/Lime | | | | | | | |
| Oranges | | | | | | | |
| Grapefruit | | | | | | | |
| Tangerines | | | | | | | |
| Pears | | | | | | | |

| Food | Ate | Did not Eat | Maybe Ate | How Prepared | Brand or Variety | Name and location where it was purchased | Restaurant where it was eaten (name and location) |
|----------------------------------------|-----|-------------|-----------|--------------|------------------|------------------------------------------|----------------------------------------------------|
| Apples | | | | | | | |
| Other tree fruit (peaches, nectarines) | | | | | | | |
| Strawberries | | | | | | | |
| Cantaloupe | | | | | | | |
| Honeydew melon | | | | | | | |
| Watermelon | | | | | | | |
| Bagged salad/lettuce | | | | | | | |
| Head lettuce | | | | | | | |
| -iceberg | | | | | | | |
| -Romaine | | | | | | | |
| Spinach | | | | | | | |
| Cabbage | | | | | | | |
| Tomato (not including salsa bandera) | | | | | | | |
| Peppers | | | | | | | |
| Chiles | | | | | | | |
| Celery | | | | | | | |
| Carrots | | | | | | | |

Case Data Collection Worksheet

Form Approved
 CDC ID: _____
 OMB No. 0920-XXXX
 Exp. Date XX/XX/XXXX

| Food | Ate | Did not Eat | Maybe Ate | How Prepared | Brand or Variety | Name and location where it was purchased | Restaurant where it was eaten (name and location) |
|----------------------------------------|-----|-------------|-----------|--------------|------------------|------------------------------------------|----------------------------------------------------|
| Zucchini or squash | | | | | | | |
| Onion (not including salsa bandera) | | | | | | | |
| -Green Onion | | | | | | | |
| Broccoli | | | | | | | |
| Cilantro (not including salsa bandera) | | | | | | | |
| Cauliflower | | | | | | | |
| Salsa bandera | | | | | | | |