Appendix 2. Guillain-Barre Syndrome Case Questionnaire

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

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

Guillain-Barre Syndrome Case-control Study
Case Questionnaire

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

Guillain-Barre Syndrome Case Control Study
Case Questionnaire

Study ID Number MX ___-___ ___-___ • Case • Control

The ID number begins with the 3 digit case number (for example MX001) followed by a 0 for case patient, a 1 for the first control number, a 2 for the second control, and a 3 for the third control. For example, the second control subject matched fro case number 8 would be labeled "MX008-2"
Interviewer: _____

1. Date of Interview: __ __/___ ___/2011 Time of Interview: _____
   DD MM YYYY
2. Address: _____
   _____
3. State:

4. Sex: 1. Male 2. Female
5. Age at time of interview: _____Years
6. Positive Campylobacter test? 1. Yes 0. No 7. Unknown
7. Acute flaccid paralysis? 1. Yes
   0. No→ *(Skip to question 10)*
8. Guillain-Barre Syndrome? 1. Confirmed 2. Pending Classification
9. Did you have diarrhea in the six weeks before the onset of paralysis?
   Paralysis onset date: __ __/__ __/____
   DD MM YYYY
   1. Yes 0. No 7. Unknown
10. On what date did the diarrhea start? Here is a calendar to help you remember.
    Interviewer: *If the interviewee is unsure of the date, remind them of the date of the paralysis or the date of hospital admission*
    Date of diarrhea onset: __ __/ __ __ __/____
    Day Mo Year
    **An approximate onset date is acceptable*
    *** If the case of Guillain-Barre Syndrome did not present with diarrhea, record the date 7 days before the onset of neurologic symptoms/weakness. If a patient with Campylobacter did not present with diarrhea, record the date 7 days before the positive culture.*
11. What was the most number of diarrhea stools that you had in a 24 hour period? _____
    • No Diarrhea

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

SKIP TO QUESTION #14

1. Yes

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

Go to Question #19

1. Yes

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
7. DK

Skip to Question #23

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 → **<u>Go to Question #28</u>**

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 *(if you don't know the location of the store, please specify neighborhood)*	#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 di 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,							

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							

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							