

**Undetermined agent, source, mode of transmission, and risk factors for Guillain-Barré
Syndrome in the setting of Zika virus transmission— Colombia, 2016**

Case Control Investigation Questionnaire

Investigation ID Number COL- ____ - ____ - ____ Case Control

The ID number begins with the 2 digit case number (for example COL01) followed by an "A" for the case patient, a "B" for the first control, a "C" for the second control, and a "D" for the third control. For example, the second control subject matched for case number 8 would be labeled "COL-08-C."

Interviewer: _____ Date of Interview: ____/____/____
DD MM YYYYNeuro Symptom Onset Date for Case ____/____/____
DD MM YYYY**The following questions are to be asked of cases AND controls during the interview:**1. Current Address: _____/_____/_____

(Street) (Town) (Province) (District)2. Onset Address: _____/_____/_____

(for cases only if different from above; where cases spent most nights in the 2 months prior to neuro onset)

3. GPS Coordinates (Onset for cases; current for controls): _____. _____ S, _____ E

4. Sex: Male Female5. Race: White Brown Indigenous Black/African decent Yellow Other: _____

6. Age when cases developed first neuro symptoms (or equivalent date for controls): _____ Years

7. What is your occupation? _____

8. 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 COPD Cancer Surgery (within 2 months of symptom onset)

 Other neurologic illness: _____ Take any medication or have any condition that might impact your ability to fight infections (e.g. prednisone):

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

 Yes No Unknown

b. If so, when did you first feel sick? ____/____/____

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

- Fevers 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

Pruritus

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

10. a. In the 2 months prior to ____/____/____ (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? ____/____/____

c. If so, what symptoms did any household members have (check all that apply)?

- Fevers 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
 Pruritus

11. Which vaccinations have you received and when?

 Information verified on vaccine card Information provided verbally

Vaccine	Number of doses	Date of final dose
a. Hep B	_____	____/____/____
b. HPV	_____	____/____/____
c. Yellow fever	_____	____/____/____
d. MMR	_____	____/____/____
e. DT	_____	____/____/____
f. DtaP	_____	____/____/____
g. Influenza	_____	____/____/____
h. Other vaccines (e.g. rabies, 23-pneumo, Japanese encephalitis, etc.):	_____	____/____/____
	_____	____/____/____

12. Since October 2015, what pets, farm, or other animals have lived in your house or on your property (check all that apply)?

- Dogs Cats Mice/rats Pet birds Pet lizards /turtles
 Goats Sheep Cows Chickens Pigs Other _____

13. Since October 2015, 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

14. Since October 2015, 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

15. In 2015, how often do you walk around barefoot outside?

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

16. In 2015, have you swam or waded in a freshwater river, stream, or pond?

Daily Weekly Monthly Rarely (<once per month) Never

17. In 2015, do you recall being bitten by a mosquito? Yes No Unknown

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

<1 hour 1-4 hours 5-8 hours >8 hours

19. Do you normally wear insect repellent?

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

20. 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

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

All of them Some of them None of them

22. Does your home use any of the following for air conditioning (check all that apply)?

Local air conditioning (at least 1 room) Fans None

23. 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

24. Since October 2015, have you slaughtered any animals?

Yes No Unknown

Which? _____

25. Since October 2015, have you handled any dead animals?

Yes No Unknown

Which? _____

26. In 2016, 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

27. In 2016, did you eat any of the following foods raw or undercooked (check all that apply)?

Beef Lamb Chicken Fish Shellfish

28. Hughes Disability Score: (Date recorded ____ / ____ / ____)

Hughes Disability Score (0 to 6): _____ Unknown

COL- ____ - ____

[0 = Complete recovery; no sequelae, 1 = Minor symptoms and capable of running, 2 = Able to walk 10 metres or more without assistance but unable to run, 3 = Able to walk 10 metres with help, 4 = Bedridden or chairbound (unable to walk 10 meters with help), 5 = Requiring assisted ventilation for at least part of the day, 6 = Dead]