

Neurological Syndrome of Unknown Cause Enhanced Surveillance Questionnaire

Case ID:

Date:

This questionnaire has been designed to collect information for Public Health New Brunswick's investigation regarding a neurological syndrome of unknown cause in New Brunswick, Canada. Interviews are to be conducted over the phone or in person, with consenting cases or their designated proxy.

The case or their proxy may have consented to sharing blood and marrow donation information with Blood Services Canada. This consent would have been obtained by their health care provider and is not required to participate in the interview. Items that may be shared with Blood Services Canada are found and identified in the Case Medical History section.

All interviewers, whether GNB employees or another organization's subcontracted employees, must read the standard script presented below, confirm and capture consent before starting the interview.

Additional instructions for interviewers are presented in square brackets and italics. The questionnaire is expected to take 2 – 4 hours to complete.

Standard Script for Interviewers

Hello, my name is *[interviewer name]* and I am an authorized interviewer from *[organization name]* who will ask you questions about a **Neurological Syndrome of Unknown Cause in New Brunswick, Canada**. As discussed and explained by your health care provider, Public Health New Brunswick is collaborating with local and national subject matter experts and health care providers to investigate the **Neurological Syndrome of Unknown Cause occurring in New Brunswick, Canada**. I will ask you a series of questions in order to better understand the illness, to discover potential environmental or infectious sources, as well as identify strategies to prevent more cases from occurring.

Participation in the interview is voluntary and you may choose not to answer some of the questions and can end your participation at any point. The interview will last approximately 2 to 4 hours and you may be asked very detailed questions.

Some questions may be difficult to understand. Please feel free to interrupt me or ask me for clarifications that will help you answer the interview questions to the best of your ability.

All of the answers collected during this interview will be entered in a secure system and will be used, shared and disclosed in accordance with all applicable legislation policies and procedures.

You may be contacted again in the future and asked for additional details about your / case's condition.

No personal or identifying information will be disclosed in the report of findings. Only de-identified information will be made available to those interested, including participants.

If you require additional information or have questions about this interview or the investigation, please call the Mind Clinic: (506) 857-5569.

If you have further questions regarding your privacy rights in the context of this interview, you can send an email to the Department of Health Corporate Privacy Office: Cpobvpv@gnb.ca.

May I ask if there is anyone accompanying you and attending this interview?

If so, can you confirm the number in attendance and if they are family members, friends, media representatives or others?

By agreeing to have other individuals in attendance during this interview you are expressly consenting to them being present and accessing protected personal and personal health information which Public Health New Brunswick and its representatives have a legal obligation to protect and must not disclose unless authorized by law.

Any individuals in attendance other than yourself or your legal representative, should have read, signed, and emailed the confidentiality agreement to Public Health New Brunswick prior to the interview.

Will you or someone in attendance be recording this interview?

Do you have any questions so far?

Can you confirm that you have understood the above statement, that you were provided with all the details you need to make an informed decision, and that you consent to participate in this interview?

Case / Proxy consents
[continue interview]

Case / Proxy does not consent
[end interview]

Thank you. I would like to remind you that you may choose not to respond to some of the questions that you will be asked and that you may stop or opt out of this interview at any time.

[Interviewer confirms that they have accurately read out the script above without changes or alteration, to the interviewee, who confirmed they understood it, has no further questions at the time and has confirmed consent to participate in this interview.]

Print Name of Interviewer:

Signature of Interviewer:

Date (day/month/year):

[Interviewer records consent in the system / database]

Section 1: Case Background and Demographic Information

First, I am going to ask some basic questions about you / case. This information is used for record keeping and to help identify if there any commonalities among ill people.

i. Case / Proxy Information

1. Questionnaire administered to:

Case
 Proxy
 Other:

2. Relationship of proxy to (case):

Spouse
 Son / Daughter
 Nephew / Niece
 Sibling
 Cousin
 Father / Mother
 Self
 Other:

3. How often did / do you have contact with (case) in the past 2 years before they became ill?

4. Do/did you live in the same residence as (case)? Yes, specify in years: No

5. Case Age: 6. Case Sex: Male Female

7. Number of children: 8. Case Onset Date:

9. Is the case deceased? Yes No

10. Does / did (case) identify with any racial or ethnic groups? Yes No
(read out options as needed)

If yes, please check all that apply:

Acadian
 Asian
 Black
 Hispanic
 South Asian
 Middle Eastern
 Eastern European
 Western European
 Inuit
 First Nations
 Métis
 Other:

ii. Case Residency History

Where were you / the case living when you / they became ill (symptom onset)?

- a. Street Address:
- b. City / Town:
- c. Province:
- d. Country:
- e. Postal Code:
- f. Health Region:
- g. Start Date:

h. In what type of area is / was the property located?

- Urban (City)
 Farm
 Rural

i. What type of building is / was the property?

- Single Family Residence
 Duplex or Townhouse
 Apartment or Condo Building

Other:

j. Is / was the property located near a body of water (e.g., lake, ocean, river, etc.)? Yes No Unknown

Specify:

k. What is the primary source of drinking water at the residence?

- Municipal
 Well
 Spring
 Bottled
 Unknown

Other:

l. How many people live / lived in the household?

Children: Adults:

m. Is there any information about this residence and general area that you think could be relevant to your/the case's illness?
(e.g. age of structure, public health advisories such as boil-water advisory, mould present, etc.)

iii. Case Previous Residency History

In the 5 years prior to symptom onset, did (case) live anywhere else other than Yes No
their current address?

(e.g. temporary addresses that (case) lived at for work or volunteer positions,
cottage / summer homes or secondary residences, etc.)

If yes, please complete the following for each address:

[Note: Continued on next page.]

1. Previous Residence 1

a. Description or Use:

b. Street Address:

c. City / Town:

d. Province:

e. Country:

f. Postal Code:

g. Health Region:

h.1. Start Date: h.2. End Date:

i. What type of building is / was the property?

Urban (City) Farm Rural

j. In what type of area is / was the property located?

Single Family Residence Duplex / Townhouse Apartment / Condo Building

Other:

k. Is / was the property located near a body of water (e.g., lake, ocean, river, etc.)? Yes No Unknown

Specify:

l. What is the primary source of drinking water at the residence?

Municipal Well Spring Bottled Unknown

Other:

m. How many people in the household?

Children: Adults:

n. Is there any information about this residence and general area that you think could be relevant to your / the case's illness?
(e.g. age of structure, public health advisories such as boil-water advisory, mould present, etc.)

2. Previous Residence 2

a. Description or Use:

b. Street Address:

c. City / Town:

d. Province:

e. Country:

f. Postal Code:

g. Health Region:

h.1. Start Date: h.2. End Date:

i. In what type of area is / was the property located?

Urban (City) Farm Rural

j. What type of building is / was the property?

Single Family Residence Duplex / Townhouse Apartment / Condo Building

Other:

k. Is / was the property located near a body of water (e.g.: lake, ocean, river, etc.)? Yes No Unknown

Specify:

l. What is the primary source of drinking water at the residence?

Municipal Well Spring Bottled Unknown

Other:

m. How many people in the household?

Children: Adults:

n. Is there any information about this residence and general area that you think could be relevant to your / the case's illness?
(e.g. age of structure, public health advisories such as boil-water advisory, mould present, etc.)

3. Previous Residence 3

a. Description or Use:

b. Street Address:

c. City / Town:

d. Province:

e. Country:

f. Postal Code:

g. Health Region:

h.1. Start Date: h.2. End Date:

i. In what type of area is / was the property located?

Urban (City) Farm Rural

j. What type of building is / was the property?

Single Family Residence Duplex / Townhouse Apartment / Condo Building

Other:

k. Is / was the property located near a body of water (e.g.: lake, ocean, river, etc.)? Yes No Unknown

Specify:

l. What is the primary source of drinking water at the residence?

Municipal Well Spring Bottled Unknown

Other:

m. How many people in the household?

Children: Adults:

n. Is there any information about this residence and general area that you think could be relevant to your / the case's illness?
(e.g. age of structure, public health advisories such as boil-water advisory, mould present, etc.)

4. Previous Residence 4

a. Description or Use:

b. Street Address:

c. City / Town:

d. Province:

e. Country:

f. Postal Code:

g. Health Region:

h.1. Start Date: h.2. End Date:

i. In what type of area is / was the property located?

Urban (City) Farm Rural

j. What type of building is / was the property?

Single Family Residence Duplex / Townhouse Apartment / Condo Building

Other:

k. Is / was the property located near a body of water (e.g.: lake, ocean, river, etc.)? Yes No Unknown

Specify:

l. What is the primary source of drinking water at the residence?

Municipal Well Spring Bottled Unknown

Other:

m. How many people in the household?

Children: Adults:

n. Is there any information about this residence and general area that you think could be relevant to your / the case's illness?
(e.g. age of structure, public health advisories such as boil-water advisory, mould present, etc.)

iv. Case Travel History

1. Did (case) ever visit any country outside Canada Yes No Unknown
 in the 2 years before to symptom onset?
 (e.g., for work, volunteer activities, vacation,
 visiting friends/relatives)

If yes, please complete the table below:

[Note: Location information should include the names of the country and city.]

Travel	1	a.1. Location (city / country):	
		a.2. Dates (years):	
a.		a.3. Details (reason or purpose and duration):	

Travel	2	b.1. Location (city / country):	
		b.2. Dates (years):	
b.		b.3. Details (reason or purpose and duration):	

Travel	3	c.1. Location (city / country):	
		c.2. Dates (years):	
c.		c.3. Details (reason or purpose and duration):	

Travel	4	d.1. Location (city / country):	
		d.2. Dates (years):	
d.		d.3. Details (reason or purpose and duration):	

v. Case Medical History

The following section will ask a few questions about your / the cases' medical history. This information will be helpful in determining if there are any risks associated with prior medical procedures or medications that may not have been covered by your / the cases' physician. Remember, you may choose to skip any questions that make you feel uncomfortable and we can take a break at any time.

If you have provided express consent, your answers to blood or marrow donation related questions (1-2) may be shared with Blood Services Canada.

1. Does / did (case) ever donate blood or marrow through a program? Yes No Unknown
 (e.g., Canadian Blood Services)

If yes, provide approximate dates and locations for donation(s):
 (e.g.: routinely from 2010-2018 at Moncton Blood Clinic; donated once at a blood drive in 2017 at university, etc.)

Dates	Details (e.g., location)

2. Has (case) ever received blood or blood products? Yes No Unknown
 (e.g., blood transfusions, marrow, etc.)

If yes, provide approximate dates and any additional details:
 (e.g.: location, frequency)

Dates	Details (e.g., location)

3. Has (case) ever donated an organ or tissue? Yes No Unknown
 If yes, provide approximate dates and any additional details:
 (e.g.: location, frequency)

Dates	Details (e.g., location)

4. In the 2 years before symptom onset, did (case) Yes No Unknown take any over-the-counter medications or supplements? (e.g., nutraceuticals or natural health supplements, such as algal supplements, chlorophyll, phytoplankton, plant-sourced calcium, etc.)?

If yes, please describe the products:

Name of Medication or Supplement	Dates	Details

5. In the 2 years prior to symptom onset, has the case had an invasive dental treatment other than fillings? Yes No Unknown

If yes, please describe the details:

- Root canals
- Extractions
- Oral surgeries
- Other dental surgeries

Dates	Names and Locations of Dentists	Details (e.g., treatments)

vi. Additional Information

1. This brings us to the end of the first section of questions. Before we move on, is there any additional information about your / the case residence, travel, or medical history that I haven't asked about that you think might be relevant to your / the case's illness? (e.g., dental history)
[Note: Root canals, Extractions, Oral surgeries, Other dental surgeries.]

Section 2: Food Exposures

Next, I would like to ask you about your / the cases' eating habits. This information will be used to identify food items that people included in the investigation have in common, and to help establish if there are any common eating behaviors that may be important to the investigation.

i. Case Dietary Preferences

[Note to interviewer: These questions ask about general food preferences. Where possible, try to ask follow-up questions to determine if these food preferences would have been different during the two years prior to symptom onset and document this in your notes.]

1. Is / was (case) a vegetarian? Yes No Unknown

Approximate Dates Start Date: End Date:

2. Does / did (case) follow any other type of specialized diet? Yes No Unknown
(e.g., Pescatarian, vegan, paleo, keto)

Approximate Dates Start Date: End Date:

If yes, please specify:

If yes to any of the above questions:

Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Dairy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Fish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Shellfish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Poultry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Red meat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other meat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify:	<input style="width: 250px;" type="text"/>		

3. Is / was (case) allergic to any foods? Yes No Unknown

If yes, please specify which foods:

4. Are / Were there any foods or food groups that (case) never eats / ate? Yes No Unknown

If yes, please specify which foods:

5. How would you describe (case's) typical diet?
[Prompts to use as needed: cook at home vs. eat out, home-grown produce vs. store-bought, self-caught/hunted food vs. store-bought, typical meals consumed, favorite foods.]

6. Does / did (case) regularly eat any local delicacies of specialty items? This may be related to (case's) location, ethnicity, culture, etc. Please provide as much detail as possible:

ii. Home Groceries

1. Where does / did case typically purchase their groceries? (Please check all that apply.)

- Chain grocery store(s):
- Public or farmers market(s):
- Independent / smaller grocery store(s):
- Local butcher shops:
- Other:

Food Frequency and Recency Responses

Several questions in the next sections will ask about how often or the last time you / case ate certain foods. Please answer using one of the following options:

Frequency (how often):

- Less than once per year
- At least once per year
- At least once per quarter (every 3 months)
- At least once per month
- At least once per week
- At least once per day
- Unknown

Recency (last time):

- Within the last week
- Within the last month
- Within the last 6 months
- Within the last year
- More than 1 year before
- Unknown

It may be challenging to remember certain events, particularly if they happened a long time ago. Please choose the answer that you think is the most appropriate, or if you are unsure or don't know.

[If the respondent is unsure, please indicate Unknown]

iii. Venison and other wild game

In the two years prior to symptom onset, did (case) eat any of the following food items made from **venison or other wild game meat**? These may include items that you / they hunted themselves, were hunted by neighbours or friends, or were purchased from markets or road-side stands, etc.

1. In the two years prior to symptom onset, did Yes No Unknown
(case) eat any **deer**?

If yes, please specify:

a. What type of food was eaten?

- Muscle meat (steak, chops, roasts) Organ meat (liver, heart, tongue, brains, eyes)
 Processed products (sausage, jerky) Unknown

Other:

Please provide details:

- b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

2. In the two years prior to symptom onset, did (case) eat any **moose**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

3. In the two years prior to symptom onset, did (case) eat any **caribou**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- Muscle meat (steak, chops, roasts) Organ meat (liver, heart, tongue, brains, eyes)
 Processed products (sausage, jerky) Unknown

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

4. In the two years prior to symptom onset, did (case) eat any **elk**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

5. In the two years prior to symptom onset, did (case) eat any **bear**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

6. In the two years prior to symptom onset, did (case) eat any **boar (wild pig)**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- Muscle meat (steak, chops, roasts) Organ meat (liver, heart, tongue, brains, eyes)
 Processed products (sausage, jerky) Unknown

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

7. In the two years prior to symptom onset, did (case) eat any **rabbit**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

8. In the two years prior to symptom onset, did (case) eat any **beaver**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- Muscle meat (steak, chops, roasts) Organ meat (liver, heart, tongue, brains, eyes)
 Processed products (sausage, jerky) Unknown

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

9. In the two years prior to symptom onset, did (case) eat any **squirrel**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- Muscle meat (steak, chops, roasts) Organ meat (liver, heart, tongue, brains, eyes)
 Processed products (sausage, jerky) Unknown

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

10. In the two years prior to symptom onset, did (case) eat any **game birds**? Yes No Unknown
 (e.g., wild turkey, partridge, grouse, duck)

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

11. In the two years prior to symptom onset, did (case) eat any **frogs or snakes**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

12. In the two years prior to symptom onset, did (case) eat any **other wild game**? Yes No Unknown

If yes, please specify:

a. What type of food was eaten?

- | | |
|--|--|
| <input type="checkbox"/> Muscle meat (steak, chops, roasts) | <input type="checkbox"/> Organ meat (liver, heart, tongue, brains, eyes) |
| <input type="checkbox"/> Processed products (sausage, jerky) | <input type="checkbox"/> Unknown |

Other:

Please provide details:

b. Was any of the food eaten raw or rare? Yes No Unknown

If yes, please provide details:

c. Where was the food usually obtained from?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Caught / hunted in the wild | <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Caught / hunted on game farm | <input type="checkbox"/> Unknown |

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

iv. Seafood and Shellfish

In the two years prior to symptom onset, did (case) eat any of the following **fresh or frozen shellfish**? These may include items that the case caught / harvested themselves, were caught / harvested by neighbours / friends, or were purchased from markets / road-side stands, etc.

1. In the two years prior to symptom onset, did Yes No Unknown (case) eat any **lobsters**?

If yes, please specify:

a. Was the food usually local or imported?

- Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

- Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

2. In the two years prior to symptom onset, did (case) eat any **lobster tomalley**? Yes No Unknown
(The soft green mass in the body of a cooked lobster is a digestive gland, sort of like a liver and a pancreas combined.)

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

3. In the two years prior to symptom onset, did (case) eat any **clams**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

4. In the two years prior to symptom onset, did (case) eat any **mussels**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

5. In the two years prior to symptom onset, did (case) eat any **prawn or shrimp**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

6. In the two years prior to symptom onset, did (case) eat any **oysters**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

7. In the two years prior to symptom onset, did (case) eat any **scallops**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

8. In the two years prior to symptom onset, did (case) eat any **crayfish**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

9. In the two years prior to symptom onset, did (case) eat any **snails or escargots**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

10. In the two years prior to symptom onset, did (case) eat any **other seafood or shellfish**? Yes No Unknown

If yes, please specify:

a. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

b. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

c. How often did they eat the food?

d. When did they last eat the food?

v. Freshwater Fish

In the two years prior to symptom onset, did (case) eat any of the **fresh or frozen (i.e., not processed) freshwater fish**? These may include items that the case caught / harvested themselves, were caught / harvested by neighbours / friends, or were purchased from markets / road-side stands, etc.

1. In the two years prior to symptom onset, did Yes No Unknown (case) eat any **trout**? (e.g., brook, lake, rainbow)

If yes, please specify:

- a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

- b. Was the food usually local or imported?

- Local Imported Unknown

Please provide details:

- c. Where was the food usually obtained from?

- Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

- d. How often did they eat the food?

- e. When did they last eat the food?

2. In the two years prior to symptom onset, did (case) eat any **salmon**? (e.g., landlocked, stocked) Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

3. In the two years prior to symptom onset, did Yes No Unknown
(case) eat any **bass**?
(e.g., smallmouth, striped)

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

4. In the two years prior to symptom onset, did (case) eat any **perch**? (e.g., yellow, white) Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

5. In the two years prior to symptom onset, did (case) eat any **other freshwater fish**? Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Caught / hunted in the wild Purchased
 Caught / hunted on game farm Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

vi. Saltwater Fish

In the two years prior to symptom onset, did (case) eat any of the **fresh or frozen (i.e., not processed) saltwater fish**? These may include items that the case caught / harvested themselves, were caught / harvested by neighbours / friends, or were purchased from markets / road-side stands, etc.

1. In the two years prior to symptom onset, did Yes No Unknown (case) eat any **tuna (not canned)**?

If yes, please specify:

- a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

- b. Was the food usually local or imported?

- Local Imported Unknown

Please provide details:

- c. Where was the food usually obtained from?

- Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

- d. How often did they eat the food?

- e. When did they last eat the food?

2. In the two years prior to symptom onset, did (case) eat any **salmon**? (e.g., Atlantic) Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

3. In the two years prior to symptom onset, did (case) eat any **shark**? Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Unknown Purchased

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

4. In the two years prior to symptom onset, did (case) eat any **swordfish / marlin**? (e.g., yellow, white) Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

5. In the two years prior to symptom onset, did (case) eat any **other saltwater fish**? Yes No Unknown

If yes, please specify:

a. Which parts were eaten (e.g., whole, head, fins, organs, etc.)?

b. Was the food usually local or imported?

Local Imported Unknown

Please provide details:

c. Where was the food usually obtained from?

Self / Family-caught / harvested Purchased
 Unknown

Please provide details:

d. How often did they eat the food?

e. When did they last eat the food?

vii. Foraged Foods

In the two years prior to symptom onset, did (case) eat any of the following **foraged food items**? These may include items that the case harvested themselves, were grown / harvested by neighbours / friends, or were purchased from markets / road-side stands, etc.

1. In the two years prior to symptom onset, did (case) eat any **wild mushrooms**? Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

- Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

2. In the two years prior to symptom onset, did (case) eat any **wild berries**? Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

- Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

3. In the two years prior to symptom onset, did (case) eat any **wild herbs**? Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

4. In the two years prior to symptom onset, did (case) eat any **other wild edible plants** (e.g., arrowhead, bedstraw, bugleweed, etc.) Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

5. In the two years prior to symptom onset, did (case) eat any **fiddleheads**? Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

6. In the two years prior to symptom onset, did (case) eat any **other foraged foods**? Yes No Unknown

If yes, please specify:

a. Foraged (self / family / friend) or purchased?

Foraged (self / family-caught / friend) Purchased Unknown

Please provide details:

b. How often did they eat the food?

c. When did they last eat the food?

viii. Additional Information

1. That brings us to the end of the current section. Is there any additional information about your / the case's food exposures that I haven't asked about that you think might be relevant to your / the case's illness?

Section 3: Environmental Exposures

Next, I am going to ask some questions related to exposures in your / the cases' surrounding environment, including animal, industrial and water exposures.

i. Animal Exposures:

[List and provide details on species, location, amount and type of contact (e.g., owns two dogs, and a hamster, regular contact as they live in case home).]

1. In the 2 years prior to symptom onset, did (case) Yes No Unknown have (regular) contact with any **pets**?

a. Location:

b. Contact and frequency:

c. Details (e.g., species, exposure):

2. In the 2 years prior to symptom onset, did (case) Yes No Unknown have (regular) contact with **livestock**?

Note: This includes animals like cattle, swine, poultry, but also less commonly farmed species such as farmed deer, elk, mink, etc.

a. Location:

b. Contact and frequency:

c. Details (e.g., species, exposure):

3. In the 2 years prior to symptom onset, did (case) Yes No Unknown have contact with **wildlife** or their **droppings**?

Note: This could be through hunting, fishing or trapping activities, through cleaning after pests (e.g. mice, rats), through animal care such as rehab, etc.

a. Location:

b. Contact and frequency:

c. Details (e.g., species, exposure):

4. In the 2 years prior to symptom onset, did (case) Yes No Unknown
have contact with **animal carcasses**?

Note: This can include contact through hunting or trapping activities or animals found on the case's property, worksite, etc.

- a. Location:
- b. Contact and frequency:
- c. Details (e.g., species, exposure):

5. In the 2 years prior to symptom onset, did (case) Yes No Unknown
have contact with **animal tissues**, such as cow brains, eye, spine?

Note: For example, in a slaughterhouse or butcher shop.

- a. Location:
- b. Contact and frequency:
- c. Details (e.g., species, exposure):

6. In the 2 years prior to symptom onset, did (case) Yes No Unknown
have any **animal bites**?

- a. Location:
- b. Contact and frequency:
- c. Details (e.g., species, exposure):

7. In the 2 years prior to symptom onset, did (case) Yes No Unknown
have any **tick bites**?

- a. Location:
- b. Contact and frequency:
- c. Details (e.g., species, exposure):

ii. Industrial Exposures

1. In the 2 years prior to symptom onset, did (case) case spend time near any industrial sites?

Note: This may include sites in proximity to place of residence, family / friends residence, workplace, holiday home, vacation location etc.

- | | | | |
|---------------------------------|------------------------------|-----------------------------|----------------------------------|
| a. Mining sites / quarry | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b. Manufacturing / factor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c. Refinery / energy production | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

d. Other:

If yes to any of the above, please record details:

- | | | | |
|----|--------|--------------|--|
| 2. | Site 1 | a. Type: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | b. Location: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | c. Dates: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | d. Details: | <input style="width: 650px; height: 15px;" type="text"/> |

- | | | | |
|----|--------|--------------|--|
| 3. | Site 2 | a. Type: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | b. Location: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | c. Dates: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | d. Details: | <input style="width: 650px; height: 15px;" type="text"/> |

- | | | | |
|----|--------|--------------|--|
| 4. | Site 3 | a. Type: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | b. Location: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | c. Dates: | <input style="width: 650px; height: 15px;" type="text"/> |
| | | d. Details: | <input style="width: 650px; height: 15px;" type="text"/> |

iii. Recreational and Environmental Water Exposures

In the 2 years prior to symptom onset, did (case) spend time around any of the following bodies of water?
 Note: This may include participating in activities in or on the water (e.g., boating, fishing, rafting, spending time at the beach, in a holiday camp, waterparks, etc.) as well as various locations (e.g., primary residence, workplace, holiday home, friends' residences, family residences, etc.).

1. In the two years prior to symptom onset, did (case) spend time around **freshwater lakes**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

2. In the two years prior to symptom onset, did (case) spend time around **oceans**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

3. In the two years prior to symptom onset, did (case) spend time around **rivers, streams or springs**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

4. In the two years prior to symptom onset, did (case) spend time around **marshes or swamps**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

5. In the two years prior to symptom onset, did (case) spend time around **ponds**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

6. In the two years prior to symptom onset, did (case) spend time around **other recreational bodies containing fresh water**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

7. In the two years prior to symptom onset, did (case) spend time around **beaches** that were not mentioned previously? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

8. In the two years prior to symptom onset, did (case) spend time around **splash pads, waterparks or pools**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

9. In the two years prior to symptom onset, did (case) spend time around **other bodies of water**? Yes No Unknown

a. Which locations?

b. How often did they visit?

c. Further details (e.g., duration of contact, type of activity, etc.):

iv. Additional Information

1. That brings us to the end of the current section. Is there any additional information about your / the case's animal, industrial or water exposures that I haven't asked about that you think might be relevant to your / the case's illness?

Section 4: Case Occupation and Work Details

These next questions focus on your/the cases' work and volunteer activities.

i. Occupation History

1. In the two years prior to onset, did (case) work or volunteer in any of the following areas? This includes short-term, seasonal, part-time, or full-time positions.

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| a. Medical/paramedical/nursing/dentistry/laboratory | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b. Animal related (e.g., farmer, taxidermy, laboratory, veterinary medicine, wildlife) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c. Funeral home worker (e.g., embalmer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d. Military | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e. Meat industry (e.g., butcher/abattoirs/rendering plants etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f. Natural Resources Industry (e.g., fishing, forestry) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g. Mining (e.g., quarry, tar-sands) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h. Pest Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| i. Water treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| j. Sewage treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| k. Waste disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| l. Construction (e.g., trades) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| m. Earth-moving (e.g., heavy machinery) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| n. Agriculture (e.g., farmer, crop irrigation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| o. Other occupation involving animals or animal products (e.g. leather worker) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| p. Printing Facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| q. Other occupations not already listed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| r. Retired | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| s. Unemployed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

For all occupations marked yes, please fill in available details in the following tables:



Neurological Syndrome of Unknown Cause in New Brunswick

2. Occupation 1

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

3. Occupation 2

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

4. Occupation 3

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

5. Occupation 4

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

6. Occupation 5

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

7. Occupation 6

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

8. Occupation 7

a. Occupation:

b. Location / Employer:

c. Start Date: d. End Date:

e. Describe general workplace duties:

f. Any hazardous workplace exposures? (e.g., dust, heavy metals, pesticides, chemicals, petroleum products, paints)

g. What personal protective equipment (PPE), if any, was used? (e.g., respirators, dust masks, etc.)

ii. Additional Information

1. That brings us to the end of the current section. Is there any additional information about your / the case's animal, industrial or water exposures that I haven't asked about that you think might be relevant to your / the case's illness?

Section 5: Recreational Exposures

In this section I am going to ask about your / the cases' hobbies and interests.

i. Gardening

1. In the 2 year prior to symptom onset, did (case) Yes No Unknown spend time **gardening and / or working with soil?** (e.g., at home, community garden, nursery, farm, etc.)

If yes, please provide details:

- a. Location:
- b. Dates:
- c. Details:

2. In the 2 year prior to symptom onset, did (case) Yes No Unknown personally mix, load, handle or apply **pesticides?**

If yes, please provide details:

- a. Brands:
- b. Purchase location:
- c. Frequency of use:
- d. Location:
- e. Dates:
- f. Details:

3. In the 2 year prior to symptom onset, did (case) Yes No Unknown personally mix, load, handle or apply **herbicides**?

If yes, please provide details:

- a. Brands:
- b. Purchase location:
- c. Frequency of use:
- d. Location:
- e. Dates:
- f. Details:

ii. Outdoor Activities

1. In the 2 years prior to symptom onset, did (case) Yes No Unknown spend time doing any other outdoor activities? (e.g., hiking or camping)

If yes, please record the details:

- Outdoor Activity 1
 - a.1. Activity:
 - a.2. Location:
 - a.3. Dates:
 - a.4. Details:

Outdoor
Activity 2
b.

- b.1. Activity:
- b.2. Location:
- b.3. Dates:
- b.4. Details:

Outdoor
Activity 3
c.

- c.1. Activity:
- c.2. Location:
- c.3. Dates:
- c.4. Details:

Outdoor
Activity 4
d.

- d.1. Activity:
- d.2. Location:
- d.3. Dates:
- d.4. Details:

Outdoor Activity 5 e:	e.1. Activity:	<input style="width: 650px; height: 20px;" type="text"/>
	e.2. Location:	<input style="width: 650px; height: 20px;" type="text"/>
	e.3. Dates:	<input style="width: 650px; height: 20px;" type="text"/>
	e.4. Details:	

Outdoor Activity 6 f:	f.1. Activity:	<input style="width: 650px; height: 20px;" type="text"/>
	f.2. Location:	<input style="width: 650px; height: 20px;" type="text"/>
	f.3. Dates:	<input style="width: 650px; height: 20px;" type="text"/>
	f.4. Details:	

iii. Other hobbies

1. In the 2 years prior to symptom onset, did (case) Yes No Unknown spend time doing any other activities or hobbies?
 (e.g., birdwatching, firearm shooting / making ammo, metalwork, stained glass, woodworking, wood carving, car repair / restauration, instrument playing, fly making, scuba diving, pottery, beer or wine making, welding, furniture refinishing, photography, crafts, etc.)

If yes, please record the details:

Hobby 1

a.1. Activity:

a.2. Location:

a.3. Dates:

a.4. Details:

Hobby 2

b.1. Activity:

b.2. Location:

b.3. Dates:

b.4. Details:

Hobby 3

c.1. Activity:

c.2. Location:

c.3. Dates:

c.4. Details:

Hobby 4
d.

d.1. Activity:

d.2. Location:

d.3. Dates:

d.4. Details:

Hobby 5
e.

e.1. Activity:

e.2. Location:

e.3. Dates:

e.4. Details:

iv. Additional Information

1. That brings us to the end of the current section. Is there any additional information about your / the case's hobbies and interests I haven't asked about that you think might be relevant to (case)'s illness?

Section 6: Family and Close Contact Exposures

This is the last section of the interview. For the following questions, we will be asking about anyone else you may know who you are aware of with similar symptoms as (case). This information may be helpful to identify additional cases that may be related to the investigation, and to help identify any common exposures.

i. Family Members or Close Contacts

1. Does / did (case) have any family members or close contacts that are / were ill with similar symptoms? Yes No Unknown

If yes, describe their relation and contact, and provide further details about symptoms:

a. Family Member or Close Contact 1

a.1. Relationship to contact:
(e.g., spouse, parent, child, friend, co-worker, etc.)

- a.2. Has contact been seen by a health care provider? Yes No Unknown

a.3. How do you / case interact with this person? What common activities or shared interests do you / case have with this person?

a.4. Additional details: (e.g., symptom onset, shared exposures, etc.)

b. Family Member or Close Contact 2

b.1. Relationship to contact:
(e.g., spouse, parent, child, friend, co-worker, etc.)

b.2. Has contact been seen by a health care provider? Yes No Unknown

b.3. How do you / case interact with this person? What common activities or shared interests do you / case have with this person?

b.4. Additional details: (e.g., symptom onset, shared exposures, etc.)

c. Family Member or Close Contact 3

c.1. Relationship to contact (e.g., spouse, parent, child, friend, co-worker, etc.):

c.2. Has contact been seen by a health care provider? Yes No Unknown

c.3. How do you / case interact with this person? What common activities or shared interests do you / case have with this person?

c.4. Additional details: (e.g., symptom onset, shared exposures, etc.)

d. Family Member or Close Contact 4

d.1. Relationship to contact:
(e.g., spouse, parent, child, friend, co-worker, etc.)

d.2. Has contact been seen by a health care provider? Yes No Unknown

d.3. How do you / case interact with this person? What common activities or shared interests do you / case have with this person?

d.4. Additional details: (e.g., symptom onset, shared exposures, etc.)

e. Family Member or Close Contact 5

e.1. Relationship to contact (e.g., spouse, parent, child, friend, co-worker, etc.):

e.2. Has contact been seen by a health care provider? Yes No Unknown

e.3. How do you / case interact with this person? What common activities or shared interests do you / case have with this person?

e.4. Additional details: (e.g., symptom onset, shared exposures, etc.)

[If the case indicates that their family members or close contacts have similar symptoms, please refer to the FAQ in order to direct them to the appropriate resource, such as their health care provider.]

Section 7: Conclusion

1. That brings us to the end of the interview. Do you have any additional comments or information you would like to add that you feel might be relevant to your / the case's illness?

Thank you very much for taking the time to answer these questions. As this investigation develops, it may be necessary for you to be contacted again in the future.

Is this the best number at which to reach you?

Yes

No

[If no, please document the preferred method of contact in the interviewer's notes, not on questionnaire.]

If you have any questions about the interview or you remember any additional information you feel is important, please contact me at:

[insert contact details]

Do you have any questions right now?

[End of interview]