Neurological Syndrome of Unknown Cause
Enhanced Surveillance Questionnaire

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: Cpobpvp@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  ☐ Case / Proxy does not consent
[continue interview]  [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? (read out options as needed)
    - Yes
    - No

   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 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.]

<table>
<thead>
<tr>
<th>Travel</th>
<th>Location (city / country):</th>
<th>Dates (years):</th>
<th>Details (reason or purpose and duration):</th>
</tr>
</thead>
<tbody>
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<td>1.</td>
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<td>a.1. Location (city / country):</td>
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<td>a.2. Dates (years):</td>
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<td>a.3. Details (reason or purpose and duration):</td>
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<td>b.2. Dates (years):</td>
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<td>b.3. Details (reason or purpose and duration):</td>
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<td>c.1. Location (city / country):</td>
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<td>c.2. Dates (years):</td>
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<tr>
<td>c.3. Details (reason or purpose and duration):</td>
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<td>d.1. Location (city / country):</td>
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<td>d.2. Dates (years):</td>
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<tr>
<td>d.3. Details (reason or purpose and duration):</td>
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</table>
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?  
   (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.)

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<thead>
<tr>
<th>Dates</th>
<th>Details (e.g., location)</th>
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2. Has (case) ever received blood or blood products?  
   (e.g., blood transfusions, marrow, etc.)

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

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<th>Dates</th>
<th>Details (e.g., location)</th>
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3. Has (case) ever donated an organ or tissue?  
   (e.g.: location, frequency)

   If yes, provide approximate dates and any additional details:

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<th>Dates</th>
<th>Details (e.g., location)</th>
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4. In the 2 years before symptom onset, did (case) 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:

<table>
<thead>
<tr>
<th>Name of Medication or Supplement</th>
<th>Dates</th>
<th>Details</th>
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5. In the 2 years prior to symptom onset, has the case had an invasive dental treatment other than fillings?  

If yes, please describe the details:

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Names and Locations of Dentists</th>
<th>Details (e.g., treatments)</th>
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### 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? (e.g., Pescatarian, vegan, paleo, keto)  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  
   
   Approximate Dates  
   - Start Date:  
   - End Date:  

   If yes, please specify:  

If yes to any of the above questions:

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Dairy</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<td>Other meat</td>
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<td>Specify:</td>
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</table>

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

If yes, please specify which foods:  

- 
- 
- 
- 

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June 2021  

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Epidemiology and Surveillance Branch  
Public Health New Brunswick  
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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 (case) eat any deer? □ 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?
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?  
□ 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?
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?
☐ 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?


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?

   □ 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?
6. In the two years prior to symptom onset, did (case) eat any **boar** (wild pig)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
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</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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?
      □ 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?
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**? (e.g., wild turkey, partridge, grouse, duck)
   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?
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?  
☐ 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?  
__________
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?  
      □ 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?  

   
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 (case) eat any lobsters?
   - 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?
2. In the two years prior to symptom onset, did (case) eat any **lobster tomalley**?
(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: 

- [ ] 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?
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**?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify: 

a. Was the food usually local or imported?

<table>
<thead>
<tr>
<th>Local</th>
<th>Imported</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Please provide details:

b. Where was the food usually obtained from?

<table>
<thead>
<tr>
<th>Self / Family-caught / harvested</th>
<th>Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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**?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify: 

a. Was the food usually local or imported?  

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Imported</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Please provide details: 

b. Where was the food usually obtained from?  

<table>
<thead>
<tr>
<th></th>
<th>Self / Family-caught / harvested</th>
<th>Purchased</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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 (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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify: 

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

b. Was the food usually local or imported?

<table>
<thead>
<tr>
<th>Local</th>
<th>Imported</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Please provide details:

c. Where was the food usually obtained from?

<table>
<thead>
<tr>
<th>Self / Family-caught / harvested</th>
<th>Purchased</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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 bass? (e.g., smallmouth, striped)
   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?
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 (case) eat any tuna (not canned)?

[ ] 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?


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 [ ]
      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
   - [ ] 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 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:

<table>
<thead>
<tr>
<th>Foraged (self / family / friend) or purchased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Foraged (self / family-caught / friend)</td>
</tr>
<tr>
<td>☐ Purchased</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

   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:

<table>
<thead>
<tr>
<th>Foraged (self / family / friend) or purchased?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Foraged (self / family-caught / friend)</td>
</tr>
<tr>
<td>☐ Purchased</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

   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) have (regular) contact with any pets?  
   - Yes  
   - No  
   - Unknown
   
   a. Location:  
   b. Contact and frequency:  
   c. Details (e.g., species, exposure):

2. In the 2 years prior to symptom onset, did (case) have (regular) contact with livestock?  
   - Yes  
   - No  
   - Unknown  
   
   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) have contact with wildlife or their droppings?  
   - Yes  
   - No  
   - Unknown  
   
   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) 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  
     - Yes  
     - No  
     - Unknown
   - b. Manufacturing / factor  
     - Yes  
     - No  
     - Unknown
   - c. Refinery / energy production  
     - Yes  
     - No  
     - Unknown
   - d. Other: ____________________________

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

<table>
<thead>
<tr>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type:</td>
<td>a. Type:</td>
<td>a. Type:</td>
</tr>
<tr>
<td>b. Location:</td>
<td>b. Location:</td>
<td>b. Location:</td>
</tr>
<tr>
<td>c. Dates:</td>
<td>c. Dates:</td>
<td>c. Dates:</td>
</tr>
<tr>
<td>d. Details:</td>
<td>d. Details:</td>
<td>d. Details:</td>
</tr>
</tbody>
</table>

3. Site 2
   - a. Type: ____________________________
   - b. Location: ____________________________
   - c. Dates: ____________________________
   - d. Details: ____________________________

4. Site 3
   - a. Type: ____________________________
   - b. Location: ____________________________
   - c. Dates: ____________________________
   - d. Details: ____________________________
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**?
   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**?
   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**?
   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?  
   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**?  
   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**?  
   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.

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

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

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.)

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)

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.)

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) spend time gardening and / or working with soil? (e.g., at home, community garden, nursery, farm, etc.)

   - Yes
   - No
   - Unknown

   If yes, please provide details:

   a. Location:

   b. Dates:

   c. Details:

2. In the 2 year prior to symptom onset, did (case) personally mix, load, handle or apply pesticides?

   - Yes
   - No
   - Unknown

   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) person personally mix, load, handle or apply herbicides?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown  

   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) spend time doing any other outdoor activities? (e.g., hiking or camping)  
      - [ ] Yes  
      - [ ] No  
      - [ ] Unknown  

      If yes, please record the details:  
      a.1. Activity:  
      a.2. Location:  
      a.3. Dates:  
      a.4. Details:
### Neurological Syndrome of Unknown Cause Enhanced Surveillance Questionnaire

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### Outdoor Activity 2

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<td>b.2. Location:</td>
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<td>b.3. Dates:</td>
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<td>b.4. Details:</td>
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### Outdoor Activity 3

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<td>c.2. Location:</td>
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<td>c.3. Dates:</td>
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<td>c.4. Details:</td>
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### Outdoor Activity 4

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<td>d.2. Location:</td>
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<td>d.3. Dates:</td>
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<td>d.4. Details:</td>
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</table>
iii. Other hobbies

1. In the 2 years prior to symptom onset, did (case) 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.)

   Yes  No  Unknown

If yes, please record the details:
### Neurological Syndrome of Unknown Cause in New Brunswick

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<tr>
<th>Activity</th>
<th>Location</th>
<th>Dates</th>
<th>Details</th>
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<tbody>
<tr>
<td>a. Hobby 1</td>
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<tr>
<td>a.1. Activity:</td>
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<td>a.2. Location:</td>
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<td>a.3. Dates:</td>
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<td>a.4. Details:</td>
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<th>Activity</th>
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<td>b. Hobby 2</td>
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<td>b.1. Activity:</td>
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<td>b.2. Location:</td>
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<td>b.3. Dates:</td>
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<th>Activity</th>
<th>Location</th>
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<td>c. Hobby 3</td>
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<td>c.1. Activity:</td>
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<td>c.3. Dates:</td>
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<td>c.4. Details:</td>
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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?

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

- e. Hobby 5
  - e.1. Activity: 
  - e.2. Location: 
  - e.3. Dates: 
  - e.4. Details:
## 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

- **Relationship to contact:**  
  (e.g., spouse, parent, child, friend, co-worker, etc.)  
- **Has contact been seen by a health care provider?**  
  - [ ] Yes  
  - [ ] No  
  - [ ] Unknown

- **How do you / case interact with this person? What common activities or shared interests do you / case have with this person?**

- **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]